

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90097 003 \*\*\*\*61.25

**DOCUMENT # N00288**



1. Entity Name  
**THE SOUTH BABCOCK STREET BAPTIST CHURCH, INC.**

Principal Place of Business  
**7415 BABCOCK STREET S.E.  
PALM BAY FL 32909**

Mailing Address  
**7415 BABCOCK STREET S.E.  
PALM BAY FL 32909**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2355906**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOURY, DENNIS  
1364 HAZEL ST. NW  
PALM BAY FL 32907**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

~~Make Check Payable to~~  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOURY, DENNIS	
STREET ADDRESS	1364 HAZEL ST NW	
CITY-ST-ZIP	PALM BAY FL 34022	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FRAZIER, ROBERT R	
STREET ADDRESS	7425 BABCOCK ST., S.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOURY, GENE	
STREET ADDRESS	573 PARKER RD.	
CITY-ST-ZIP	MELBOURNE FL 34056	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAYMOND, BYER	
STREET ADDRESS	1053 CELLE AVE. N.W.	
CITY-ST-ZIP	PALM BAY FL 34022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)