

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90175 039 \*\*\*\*61.25

**DOCUMENT # N49822**

1. Entity Name

**MADISON STREET BAPTIST CHURCH**

Principal Place of Business

**900 W MADISON ST  
 STARKE FL 32091**

Mailing Address

**900 W MADISON ST  
 STARKE FL 32091**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6032858**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NAZWORTH, LARRY  
 1106 W MADISON ST  
 STARKE FL 32091**

7. Name and Address of New Registered Agent

Name **TERRY HALL**

Street Address (P.O. Box Number is Not Acceptable)  
**587 SE 32ND TERRACE**

**P O Box 1602 (Mail)**

City

**KEYSTONE HEIGHTS**

**FL**

Zip Code

**32656**

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.

SIGNATURE

*Terry Hall*

**TERRY HALL, TRUSTEE CHAIRMAN**

**3-10-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	<b>GODGES, MARK SR</b>	
STREET ADDRESS	<b>2988 NW CIR 225</b>	
CITY-ST-ZIP	<b>LAWTEY FL 32058</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>MOORE, LEN</b>	
STREET ADDRESS	<b>1327 BESSANT RD</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>CONNER, STEVE</b>	
STREET ADDRESS	<b>RR2 BOX 1244</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	<b>NAZWORTH, LARRY</b>	
STREET ADDRESS	<b>1106 W MADISON ST</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>HALL, TERRY</b>	
STREET ADDRESS	<b>P.O. BOX 1602</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>	
TITLE	TR	<input type="checkbox"/> Delete
NAME	<b>WAINWRIGHT, WAYNE</b>	
STREET ADDRESS	<b>RR4 BOX 208</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAINS, DOUG</b>	
STREET ADDRESS	<b>RR 3 Box 265</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEAY, MARTIN</b>	
STREET ADDRESS	<b>RR 2 BOX 1684</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, TERRY</b>	
STREET ADDRESS	<b>587 SE 32 TERR</b>	
CITY-ST-ZIP	<b>KEYSTONE HGTS FL 32656</b>	
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:

*Terry Hall*

**TERRY HALL, TRUSTEE CHAIRMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment A On# B004996,  
N 49822

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900 W MADISON STREET  
STARKE FL 32091

FEI NUMBER: 59-6032858

11. ADDITIONS TO OFFICERS AND DIRECTORS IN #10.

TR

BROWN, MIKE SR.  
2988 NW CR 225  
LAWTEY FL 32058

PASTOR

CROOK, JEFF W.  
409 LAKE SHORE ST.  
STARKE FL 32091