

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002433

1. Entity Name

FIRST BAPTIST CHURCH OF WALDO, INC.

FILED

02 JUL -9 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
POST OFFICE BOX 216 POST OFFICE BOX 216
WALDO FL 32694 WALDO FL 32694

2. Principal Place of Business 3. Mailing Address
400 SW 4th Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Waldo, Florida

Zip Country Zip Country
32694 USA

Handwritten: 05/02/02-90004-049 \$61.25



4. FEI Number Applied For
59-1864019 Not Applicable

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

6. Name and Address of Current Registered Agent
WHITMIRE, DRENNEN
16704 NE 124 SYTREET
WALDO FL 32694

7. Name and Address of New Registered Agent
Name: DuBois, James
Street Address (P.O. Box Number is Not Acceptable): 82 NW 2nd Street
City: Waldo FL Zip Code: 32694

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: *[Signature]* DATE: 4-10-02
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESHA, PERRY WILLIAM P O BOX 221 WALDO FL 32694 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, CHRISTOPHER H 18803 HIGHWAY 301 NORTH WALDO FL 32694 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKER, BETTY MS. 162 SE 1ST AVE WALDO FL 32694 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Conely, Andrew 10421 NE 81st Gainesville, FL. 32609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Rev. James Dubois 82 NW 2nd Street Waldo, FL. 32694 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 4-15-02 32-468-1721

CR2E037 (9/01)