

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004314

1. Entity Name

FIRST BAPTIST CHURCH OF SEVILLE, INC.

Principal Place of Business

200 NORTH CHURCH ST.
SEVILLE FL 32190-0127

Mailing Address

P.O. BOX 127
SEVILLE FL 32190

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PURVIS, JAMES E
600 PURVIS RD.
SEVILLE FL 32190

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 TP ☐ Delete
NAME BOYETTE, GASTON W
STREET ADDRESS 566 TURKEY SHOOT RD P O BOX 86
CITY-ST-ZIP SEVILLE FL 32190

TITLE TST ☐ Delete
NAME MEW, CLAY
STREET ADDRESS 132 PARK DR P O BOX 358
CITY-ST-ZIP SEVILLE FL 32190

TITLE TV ☐ Delete
NAME GAMBLE, GREG V
STREET ADDRESS 2400 CADE FERNERY RD
CITY-ST-ZIP SEVILLE FL

TITLE T ☐ Delete
NAME HAYNES, RUSSELL
STREET ADDRESS 570 RAULERSON RD
CITY-ST-ZIP SEVILLE FL

TITLE T ☐ Delete
NAME MEW, LANCE
STREET ADDRESS 235 LAKE GEORGE RD P O BOX 246
CITY-ST-ZIP SEVILLE FL 32190

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-01

Date

1209 749-0728

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)