(9/07

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am DOCUMENT # N94000004314 **Secretary of State** FIRST BAPTIST CHURCH OF SEVILLE, INC. 03-31-2002 90345 046 ****61.25 Principal Place of Business Mailing Address 200 NORTH CHURCH ST. P.O.BOX: 127 SEVILLE FL 32190-0127 SEVILLE FL 32190 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2119484 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PURVIS, JAMES E 600 PURVIS RD. SEVILLE FL 32190 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition □ Delete TITLE Change TITLE NAME **BOYETTE, GASTON W** NAME STREET ADDRESS STREET ADDRESS 566 TURKEY SHOOT RD P O BOX 86 CITY-ST-ZiP CITY-ST-ZIP SEVILLE FL 32190 ☐ Addition Change TITLE TST ☐ Delete TITLE MEW, CLAY NAME NAME STREET ADDRESS STREET ADDRESS 132 PARK DR P O BOX 358 CITY-ST-ZIP CITY-ST-ZIP SEVILLE FL 32190 Change Addition TITLE TITLE Delete NAME GAMBLE, GREG V NAME STREET ADDRESS STREET ADDRESS 2400 CADE FERNERY RD CITY-ST-ZIP CITY-ST-7IP SEVILLE FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE HAYNES, RUSSELL NAME NAME STREET ADDRESS STREET ADDRESS **570 RAULERSON RD** CITY-ST-ZIP CITY-ST-ZIP SEVILLE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MEW, LANCE STREET ADDRESS STREET ADDRESS 235 LAKE GEORGE RD P O BOX 246 CITY-ST-ZIP CITY-ST-ZIP SEVILLE FL 32190

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

03-18-42

386-749-0728

Addition

Daytime Phone #