

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90116 033 ****61.25

DOCUMENT # N94000006001

1. Entity Name

**THE FLORIDA STATE ASSOCIATION OF FREE WILL BAPTI
 STS, INCORPORATED**

Principal Place of Business

Mailing Address

**2156 54TH AVENUE
 VERO BEACH FL 32966**

**2156 54TH AVENUE
 VERO BEACH FL 32966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2386615

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRYANT, RANDALL REV.
 2156 54TH AVENUE
 VERO BEACH FL 32966**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **JACKSON, DAVID R REV**
 STREET ADDRESS: **981 SABAL GROVE DRIVE**
 CITY-ST-ZIP: **ROCKLEDGE FL 32955**

TITLE: **D** Change Addition
 NAME: **Womack, David Rev.**
 STREET ADDRESS: **RT. 2 Box 844**
 CITY-ST-ZIP: **Blountstown, FL 32424**

TITLE: **D** Delete
 NAME: **OWEN, TIM REV.**
 STREET ADDRESS: **1863 DUNCAN COMMUNITY RD.**
 CITY-ST-ZIP: **CHIPLEY FL 32428**

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

TITLE: **D** Delete
 NAME: **BRYANT, RANDALL REV.**
 STREET ADDRESS: **2156 54TH AVENUE**
 CITY-ST-ZIP: **VERO BEACH FL 32966**

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

TITLE: **D** Delete
 NAME: **COLLINS, TOM**
 STREET ADDRESS: **2248 PALMVIEW CIRCLE**
 CITY-ST-ZIP: **AUBURNDALE FL 33823**

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02

(561) 567-1956

Date

Daytime Phone #

CR2E037 (9/01)