2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
03-24-2002 90043 049 ****61.25

DOCUMENT # N99000001554

Entity Name

THENS BAPTIST CHURCH, INC.

cipal Place of Business	Mailing Address
4. BOX 2440 CITY FL 32024	RT. 14. BOX 2440 LAKE CITY FL 32024

DO NOT WRITE IN THIS SPACE

rincipal Place of Business	3. Mailing Address
uite, Apt. #, etc.	Suite, Apt. #, etc.
ity & State	City & State
ip / Country	Zip / Country

4. FEI Number 59-3630016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
'CHINGS, DAMMIE 14, BOX 2431 :E CITY FL 32024	Name: Wallace F. Kitchings Street Address (P.O. Box Number is Not Acceptable): Rt. 14, Box 2431 City: Lake City **FL** Zip Code: 32024

ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

ATURE: Wallace F. Kitchings Director — 3-11-2002

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	D MEEKS, LEON RT. 14, BOX 2435 LAKE CITY FL 32024 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D F. Wallace Kitchings Rt. 14, Box 2431 Lake City, FL 32024 ☐ Change ☒ Addition
	D KITCHINGS, DAMMIE RT. 14, BOX 2435 LAKE CITY FL 32024 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	D KIRBY, LAURIE P.O. BOX 567 LAKE CITY FL 32056 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

ereby 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 licated 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 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 anged; or on an attachment with an address, with all other like empowered.

NATURE: Wallace F. Kitchings — Director — 3-11-2002 — 386-752-6476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #