

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-26-2003 90114 043 ****61.25

DOCUMENT # N99000001554

1. Entity Name
ATHENS BAPTIST CHURCH, INC.



Principal Place of Business
**RT. 14, BOX 2440
LAKE CITY FL 32024**

Mailing Address
**RT. 14, BOX 2440
LAKE CITY FL 32024**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

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
**KITCHENS, WALLACE E
RT. 14, BOX 2431
LAKE CITY FL 32024**

7. Name and Address of New Registered Agent
Name **Kitchings, Wallace F.**
Street Address (P.O. Box Number is Not Acceptable)
Rt. 14, Box 2431
City **Lake City** FL **32024**

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. I am familiar with, and accept the obligations of registered agent.

No. 7 is filled out correcting the #6 listing of registered agent's name.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, LEON RT. 14, BOX 2435 LAKE CITY FL 32024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITCHENS, WALLACE E RT. 14, BOX 2435 LAKE CITY FL 32024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kitchings, Wallace F. Rt. 14, Box 2431 Lake City, FL 32024 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, LAURIE P.O. BOX 567 LAKE CITY FL 32056 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harvey C. Faul Rt. 27, Box 2498 Lake City, FL 32024 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Wallace F. Kitchings**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/03

Date

Daytime Phone #

CR2E037 (10/02)