

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90309 014 \*\*\*\*61.25

**DOCUMENT # N99000003427**

1. Entity Name

**BABSON PARK COMMUNITY CHURCH, INC.**

Principal Place of Business

**725 RAINBOW BLVD.  
 BABSON PARK FL 33827**

Mailing Address

**P.O. BOX 35  
 BABSON PARK FL 33827**

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

**59-6218948**

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

**HIGGINBOTTOM, DAVID B  
 101 EAST WALL STREET  
 FROSTPROOF FL 33843**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MALONE, RONALD J</b>	
STREET ADDRESS	<b>610 NO. CROOKED LAKE RD.</b>	
CITY-ST-ZIP	<b>BABSON PARK FL 33827</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, DEBRA</b>	
STREET ADDRESS	<b>1256 SEMINOLE RD.</b>	
CITY-ST-ZIP	<b>BABSON PARK FL 33827</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OSBURN, CONNIE L</b>	
STREET ADDRESS	<b>140 REEDY CREEK DR.</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, RUTH M</b>	
STREET ADDRESS	<b>138 NO. SCENIC HWY.</b>	
CITY-ST-ZIP	<b>BABSON PARK FL 33827</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WELCH, KENNETH A</b>	
STREET ADDRESS	<b>138 NO. SCENIC HWY.</b>	
CITY-ST-ZIP	<b>BABSON PARK FL 33827</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COBB, MARION</b>	
STREET ADDRESS	<b>WES MANN RD.</b>	
CITY-ST-ZIP	<b>BABSON PARK FL 33827</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: Ronald J. Malone **RONALD J. MALONE** 3-4-01 863-638-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)