

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90174 005 ****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



DO NOT WRITE IN THIS SPACE

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 **KARLA GRAY**
 Street Address (P.O. Box Number is Not Acceptable)
295 S. CARPENTER AVE.
 City **BARTOW** FL Zip Code **33830**

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 *Karla Gray* **KARLA GRAY, REGISTERED AGENT** DATE **4/10/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE DAVIS	
STREET ADDRESS	1810 GOLFVIEW CUTOFF	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN CISZEK	
STREET ADDRESS	110 ILLINOIS AVE.	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARLA GRAY	
STREET ADDRESS	710 THORNBURG RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT H. GRAY	
STREET ADDRESS	710 THORNBURG RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
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		
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 information.

SIGNATURE: *Karla Gray* **KARLA GRAY, TRUSTEE/DIRECTOR** 4-10-02 863-519-0817
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)