

FILED


03 MAY 16 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

700019182457
05/16/03--01063--001 **\$1.25



CHECK HERE IF MAKING CHANGES

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

GRAY, KARLA
296 S. CARPENTER AVE.
BARTOW, FL 33830

7. Name and Address of New Registered Agent

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

SIGNATURE Karla Gray N/A DATE 5/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.) 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALONE, RONALD J	
STREET ADDRESS	610 NO. CROOKED LAKE RD.	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input checked="" 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 type="checkbox"/> Delete
NAME	GRAY, KARLA	
STREET ADDRESS	710 THORBURG RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELCH, KENNETH A	
STREET ADDRESS	138 NO. SCENIC HWY.	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DIANE	
STREET ADDRESS	1810 GOLFVIEW CUTOFF	
CITY-ST-ZIP	BABSON PARK, FL 33827	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ERIC	
STREET ADDRESS	1440 SEMINOLE ROAD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, ROBERT H.	
STREET ADDRESS	710 THORBURG RD.	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORETTA LYLIS	
STREET ADDRESS	500 LAKEVIEW DRIVE	
CITY-ST-ZIP	BABSON PARK, FL 33827-9622	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LILLIAN KELLER-FESSLER	
STREET ADDRESS	101 LA CASA CONDOMINIUM	
CITY-ST-ZIP	LAKE WALES, FL 33853	
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 empowered.

SIGNATURE: Karla Gray DATE 5/12/03 PHONE # 863-519-0817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

71 5/12