## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State DOSUMENT # 705414 THE FIRST BAPTIST CHURCH, SATELLITE BEACH, INC. 03-23-2001 90027 014 \*\*\*\*61.25 Principal Place of Business \* Mailing Address 535 CASSIA BLVD. 535 CASSIA BLVD. SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1082909 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BASS, JOAN 535 CASSIA BLVD SATELLITE BEACH FL 32937 City Zin 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution, FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition FRANCISCO, R L NAME NAME 520 SHELL COVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP TITLE Delete TITLE Change Addition GOINS, GARY L NAME NAME STREET ADDRESS 2739 ALGONQUIN DR STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP TITLE Delete TITLE Change T'Addition MCFARLAND, JOHN A NAME NAME STREET ADDRESS 2432 APPALACHIAN DR STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32935 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition WRIGHT, WILLIAM E NAME STREET ADDRESS 3986 N HARBOR CITY BLVD W SHORE #9 STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32935** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ORME, CHARLES NAME STREET ADDRESS 590 CARIBBEAN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SATELLITE BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAURENCE R. BOOTH NAME NAME STREET ADDRESS 728 WINGFOOT LANE STREET ADDRESS MELBOURNE, FL 32940 CITY-SY-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. SIGIMULA TRUSTEL 321-777-0057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR