

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737083

1. Entity Name

FIRST BAPTIST CHURCH OF WILDWOOD, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90200 012 ****70.00

Principal Place of Business

402 OXFORD STREET
WILDWOOD FL 34785

Mailing Address

402 OXFORD STREET
WILDWOOD FL 34785

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1384643

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUBER, RUTH A
4898 COUNTY ROAD 114
WILDWOOD FL 34785

7. Name and Address of New Registered Agent

Name Julie A. Cobb
Street Address (P.O. Box Number is Not Acceptable)
536 NE 107th Rd
City Oxford, FL Zip Code 34484

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 Julie A. Cobb Julie A. Cobb, Financial Secretary 1/22/02
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ATTAWAY, CRAIG S	
STREET ADDRESS	313 HALL STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GASKINS, RICHARD A	
STREET ADDRESS	13302 COUNTY ROAD 200	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUBER, RUTH ANN	
STREET ADDRESS	4898 COUNTRY ROAD 114	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	T	<input type="checkbox"/> Delete
NAME	GASKINS, RICHARD A	
STREET ADDRESS	13302 COUNTY ROAD 200	
CITY-ST-ZIP	OXFORD FL 34484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND, CHARLES	
STREET ADDRESS	8653 COUNTY RD 127	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, HAROLD	
STREET ADDRESS	4698 E COUNTY ROAD	
CITY-ST-ZIP	WILDWOOD FL 34785	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie A. Cobb	
STREET ADDRESS	536 NE 107th Rd	
CITY-ST-ZIP	Oxford, FL 34484	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Billy Suber	
STREET ADDRESS	9317 CR 125 D	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Owin Chance	
STREET ADDRESS	4692 Hwy 44A E.	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Maddox	
STREET ADDRESS	2272 NE 120th Trail	
CITY-ST-ZIP	Oxford, FL 34484	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melissa A. Fort	
STREET ADDRESS	3238 NE 97th Trail	
CITY-ST-ZIP	Wildwood, FL 34785	
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: Julie A. Cobb 1/22/02 352-748-1822

CR02037 (9/01)