

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701708

1. Entity Name

THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

Principal Place of Business

125 W ANDERSON AVE
BUSHNELL FL 33513

Mailing Address

125 W ANDERSON AVE
BUSHNELL FL 33513

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1089791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, CAROLYN
7979 CR 747
BUSHNELL FL 33513

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, MARVIS C	
STREET ADDRESS	7979 CR 747	
CITY-ST-ZIP	BUSHNELL FL 33513	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEMAREST, CHARITY	
STREET ADDRESS	2984 CR 617	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, JULIAN	
STREET ADDRESS	324 WEST DADE AVE	
CITY-ST-ZIP	BUSHNELL, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, RONNIE	
STREET ADDRESS	P. O. BOX 441 N/A	
CITY-ST-ZIP	BUSHNELL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOLVEN, ROBERT	
STREET ADDRESS	150 CIR. 532 C.	
CITY-ST-ZIP	BUSHNELL, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Lynn Crawford	
STREET ADDRESS	7131 CR 619	
CITY-ST-ZIP	Bushnell, FL 33513	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah Moffitt	
STREET ADDRESS	5047 CR 547	
CITY-ST-ZIP	Bushnell, FL 33513	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah Moffitt

3/26/02

303-4939

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90064 018 ****61.25



DO NOT WRITE IN THIS SPACE

0076890

CR2E037 (9/01)