

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19155

1. Entity Name

INDIANTOWN BAPTIST CHURCH, INC.

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

05-22-2002 90135 049 ****61.25

Principal Place of Business 15457 SW 150TH STREET P.O. BOX 396 INDIANTOWN FL 34956-3323 US	Mailing Address 15457 S.W. 150 STREET P.O. BOX 396 INDIANTOWN FL 34956-3323 US
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2. Principal Place of Business	3. Mailing-Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1310764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GOLDEN, CLARENCE H 16248 SW INDIANWOOD CIRCLE INDIANTOWN FL 34956	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 _____ (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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP D GOLDEN, CLARENCE H 46248 SW INDIANWOOD CIRCLE INDIANTOWN FL 34956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Goode, Warren 14504 SW Citrus Blvd. S Indiantown, FL 34956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD MCALLISTER, LYTELL 16401 PALOMINO STREET INDIANTOWN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD LEGERE, MYRTLE 14402 SW DIVOT DR INDIANTOWN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GOODE, WARREN 14700 S.W. CITRUS BLVD. INDIANTOWN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Warren Goode REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 597-2316
 Date Daytime Phone #

CR2E037 (9/01)