

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


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90308 033 ****61.25

0069377

DOCUMENT # 700920

1. Entity Name
FIRST BAPTIST CHURCH OF GULF BREEZE, INC.




Principal Place of Business Mailing Address
555 FAIRPOINT DRIVE **555 FAIRPOINT DRIVE**
GULF BREEZE FL 32561 **GULF BREEZE FL 32561**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6018377** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REGISTER, JOHN F.
1187 JAGUAR CIR
GULF BREEZE FL 32561

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 _____
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EUBANKS, MARK E	
STREET ADDRESS	5021 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	V	<input type="checkbox"/> Delete
NAME	BULLA, WILLIAM B	
STREET ADDRESS	2963 BAY ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLAY, ROBERT E	
STREET ADDRESS	1119 TIGER TRACE BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBBS, EDDIE	
STREET ADDRESS	1556 YACHTMAN'S WAY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALES, JIM	
STREET ADDRESS	231 SABINE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINDLEY, A. L.	
STREET ADDRESS	318 WASHINGTON AVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, William	
STREET ADDRESS	1182 Grand Pointe Dr	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	I. L. Holloway	
STREET ADDRESS	206 Navarre St	
CITY-ST-ZIP	Gulf Breeze FL 32561	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clay, Robert E.	
STREET ADDRESS	1119 Tiger Trace Blvd	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Swindell, John	
STREET ADDRESS	331 Andrew Jackson Tr	
CITY-ST-ZIP	Gulf Breeze FL 32561	
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: Robert Clay **REQUIRED** Date: 4-30-03 Daytime Phone #: 932-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)