

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90189 044 ****61.25

DOCUMENT # 702969

1. Entity Name
THE FIRST BAPTIST CHURCH OF COLEMAN, INC.



Principal Place of Business 1512 CENTRAL AVENUE P.O. BOX 421 COLEMAN FL 33521 US	Mailing Address P.O. BOX 421 1512 CENTRAL AVENUE COLEMAN FL 33521 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2350251**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEAULIEU, SARAH
123 SOUTH COMMERCIAL
COLEMAN FL 33521**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	BEAULIEU, SARAH	
STREET ADDRESS	123 S COMMERCIAL	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WADE, FRANK	
STREET ADDRESS	N MIZELL STREET	
CITY-ST-ZIP	COLEMAN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHILDERS, DOUG	
STREET ADDRESS	409 S. MAIN STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	T	<input type="checkbox"/> Delete
NAME	WYCHOFF, DAVID	
STREET ADDRESS	3413 NE 31ST TERRACE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *Sarah Beaulieu* **SIGNATURE REQUIRED** *1/20/03* *(352) 748-4114*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)