

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90060 026 ****61.25

DOCUMENT # 703177

1. Entity Name

FIRST BAPTIST CHURCH OF INVERNESS, INC.

Principal Place of Business

**123 SOUTH SEMINOLE AVENUE
 INVERNESS FL 34452-4735
 US**

Mailing Address

**123 SOUTH SEMINOLE AVENUE
 INVERNESS FL 34452-4735
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1265586

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RADFORD, GEORGE B
 910 N SABAL PALM WAY
 INVERNESS FL 34453**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, CAROL B	
STREET ADDRESS	BOX 454 MOCASSIN S	
CITY-ST-ZIP	INVERNESS, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, CLARICE	
STREET ADDRESS	1860 E MANDARIN TERRACE	
CITY-ST-ZIP	INVERNESS, FL 00000 34450	
TITLE	V	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN D	
STREET ADDRESS	808 W DAMPIER	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	P	<input type="checkbox"/> Delete
NAME	RADFORD, GEORGE B	
STREET ADDRESS	910 N SABAL PALM WAY	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRECKENRIDGE, OGDEN	
STREET ADDRESS	309 HEMLOCK	
CITY-ST-ZIP	INVERNESS, FL 00000 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOOMIS, HOMER	
STREET ADDRESS	HUNTING LODGE DR	
CITY-ST-ZIP	INVERNESS, FL 00000	

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	
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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: ✓

George B. Radford

GEORGE B. RADFORD, Pres.

726-1252

4-29-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)