


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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90287 001 \*\*\*\*61.25

DOCUMENT # 704028  
1. Entity Name  
**FIRST BAPTIST CHURCH OF COTTONDALE, INC.**



Principal Place of Business      Mailing Address  
POST OFFICE BOX 128      POST OFFICE BOX 128  
MAIN AND PARK STREET      MAIN AND PARK STREET  
COTTONDALE FL 32431      COTTONDALE FL 32431



CHECK HERE IF MAKING CHANGES

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 **59-2326155**      Applied For  
Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**JOHNS, DON**  
**2583 DOGWOOD DR.**  
**P. O. BOX 341**  
**COTTONDALE FL 32431**

7. Name and Address of New Registered Agent  
Name **Danny Tate**  
Street Address (P.O. Box Number is Not Acceptable)  
**1678 Penny Rd.**  
City **Cottondale**      FL      Zip Code **32431**

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 *Don Johns*      DATE **3/27/2003**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>YON, HILTON</b><br><b>2750 WHY. 231</b><br><b>COTTONDALE FL</b> <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>REEVES, DOYLE</b><br><b>3188 MAIN STREET</b><br><b>COTTONDALE FL 32431</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>REGISTER, ELTON</b><br><b>2643 MILTON STREET</b><br><b>COTTONDALE FL</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JOHNS, DON</b><br><b>2583 DOGWOOD DRIVE</b><br><b>COTTONDALE FL</b> <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>DIESNER, BRUCE</b><br><b>2886 BUTTERCUP LANE</b><br><b>COTTONDALE FL</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D-Chairman</b><br><b>Danny Tate</b><br><b>1678 Penny Rd.</b><br><b>Cottondale, FL 32431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Gainer Comerford</b><br><b>2656 Henderson Rd.</b><br><b>Cottondale FL 32431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Mike Jones</b><br><b>1978 Braxton Rd.</b><br><b>Cottondale FL 32431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b><br><b>Jim Wunderly</b><br><b>2876 Buttercup Lane</b><br><b>Cottondale FL 32431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Danny Tate*      **REQUIRED**      **3/27/03**

CR2E037 (10/02)