

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

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90004 039 ****61.25

DOCUMENT # 704170

1. Entity Name

FIRST FREEWILL BAPTIST CHURCH OF
CHIPLEY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1387 South Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1387 South Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Chipley, Fl.

City & State

Chipley, Fl.

4. FEI Number

59-2506313

Applied For

Not Applicable

Zip

32428

Country

Washington

Zip

32428

Country

Washington

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLARK, GARY

Street Address (P.O. Box Number is Not Acceptable)

1670 PEEL ROAD

City

CHIPLEY

FL

Zip Code

32428

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, GARY 1670 PEEL ROAD CHIPLEY, FL. 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D CLARK, DONNA K. 762 DALTON ST. CHIPLEY, FL. 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEIGART, ED 3980 Quail Court CHIPLEY, FL. 32428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary F. Clark*

6-19-05 850-243-3231

CR2E037B (12/02)