

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704585

1. Entity Name

FIRST BAPTIST CHURCH OF MOORE HAVEN, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90186 015 ****61.25

Principal Place of Business

Mailing Address

AVE "J" AND 3RD ST
PO BOX 566
MOORE HAVEN FL 33471

AVE "J" AND 3RD ST
PO BOX 566
MOORE HAVEN FL 33471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1885288

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JOHN, JR.
AVENUE O & 6TH STREET
MOORE HAVEN FL 33471

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, MICHAEL	
STREET ADDRESS	698 AVE 5TH	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFIN, DENNIS	
STREET ADDRESS	1115 FOXMOOR ST	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	SDAT	<input type="checkbox"/> Delete
NAME	HAUSE, SUZANNE	
STREET ADDRESS	951 DANIELS RD	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)