

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90097 003 ****70.00



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # 704679

1. Entity Name
FLORIDA BAPTIST CHILDREN'S HOMES, INC.

Principal Place of Business
**1015 SIKES BLVD
LAKELAND FL 33815**

Mailing Address
**PO BOX 8190
LAKELAND FL 33802
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 **59-0657326**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCADAMS, JIMMY
1015 SIKES BLVD.
LAKELAND FL 33815**

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAHN, JAMES P 1015 SIKES BLVD. LAKELAND FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KITRELL, BROWARD 1015 SIKES BLVD. LAKELAND FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MELTON, RAY 1015 SIKES BLVD. LAKELAND FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, CHARLES 1015 SIKES BLVD. LAKELAND FL 33815	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T JOHNSTON, STEVEN P 1015 SIKES BLVD. LAKELAND FL 33815	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McAdams, Jimmy 1015 Sikes Blvd. Lakeland, FL 33815	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 another like empowered.

SIGNATURE: **Steve Johnston, V.P. & CFO** **2-10-03**

CR2E037 (10/02)