

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

0005520

**DOCUMENT # 704711**

1. Entity Name

**FIRST BAPTIST CHURCH OF FERNANDINA, FLORIDA**

01-30-2001 90190 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**416 ALACHUA STREET  
 POST OFFICE BOX 1099  
 FERNANDINA BEACH FL 32035  
 US**

**416 ALACHUA STREET  
 POST OFFICE BOX 1099  
 FERNANDINA BEACH FL 32035  
 US**

**612801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0931262**

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

**BECKHAM, DAVID H.  
 416 ALACHUA STREET  
 FERNANDINA BEACH FL 32034**

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 NAME	T WATSON, WILLIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	329 STANLEY DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE NAME	T RODEITER, WILLIAM D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	218 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE NAME	T GOODING, JOSEPH M	<input type="checkbox"/> Delete
STREET ADDRESS	1815 HIGHLAND ST	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE NAME	T QUARTERMAN, SHARON	<input type="checkbox"/> Delete
STREET ADDRESS	70 GREEN HERON WAY	
CITY-ST-ZIP	FERNADINA BCH FL	
TITLE NAME	T GARNER, DAVID TOD	<input type="checkbox"/> Delete
STREET ADDRESS	5205 LEEWARD COVE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE NAME	S BECKHAM, DAVID H.	<input type="checkbox"/> Delete
STREET ADDRESS	416 ALACHUA STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

TITLE NAME	T Gail Lancaster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2423 Clinch Drive	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE NAME	T Ed Kelly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1701 Alachua Street	
CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** *David H. Beckham* **DAVID H. BECKHAM** 1/20/2001 904-261-3617  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)