

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90165 018 ****61.25

DOCUMENT # 704711

1. Entity Name

FIRST BAPTIST CHURCH OF FERNANDINA, FLORIDA

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**

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



DO NOT WRITE IN THIS SPACE

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 Delete
 NAME **LANCASTER, GAIL**
 STREET ADDRESS **2423 CLINCH DR**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME **CREWS, RON**
 STREET ADDRESS **4910 GENOA DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Delete
 NAME **KELLY, ED**
 STREET ADDRESS **1701 ALACHUA ST**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME **I**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GOODING, JOSEPH M**
 STREET ADDRESS **1815 HIGHLAND ST**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
 NAME **HINSON, JOHN**
 STREET ADDRESS **123 SOUTH FLETCHER AVE.**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Delete
 NAME **QUARTERMAN, SHARON**
 STREET ADDRESS **70 GREEN HERON WAY**
 CITY-ST-ZIP **FERNANDINA BCH FL**

TITLE Change Addition
 NAME **SIMMONS, STEVE**
 STREET ADDRESS **1822 HIGHLAND DRIVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Delete
 NAME **GARNER, DAVID TOD**
 STREET ADDRESS **5205 LEEWARD COVE**
 CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **BECKHAM, DAVID H.**
 STREET ADDRESS **416 ALACHUA STREET**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change 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: David H. Beckham 1/10/2002 904-261-3617
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)