

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90064 027 \*\*\*\*61.25

**DOCUMENT # 705414**

1. Entity Name

**THE FIRST BAPTIST CHURCH, SATELLITE BEACH, INC.**

Principal Place of Business

535 CASSIA BLVD.  
 SATELLITE BEACH FL 32937

Mailing Address

535 CASSIA BLVD.  
 SATELLITE BEACH FL 32937-3116

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1082909**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~TUPPER, DEBBA~~  
 535 CASSIA BLVD  
 SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name **Joan Bass**  
 Street Address (P.O. Box Number is Not Acceptable)  
 535 Cassia Blvd.  
 City **Satellite Beach** **FL** Zip Code **32937**

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 **Joan Bass**

*Joan Bass*

2/9/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>VERNON, C.S.</b> <b>365 CLARIDGE ST</b> <b>SATELLITE BEACH FL 32937</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, ELWIN</b> <b>8710 S TROPICAL TRAIL</b> <b>MERRITT ISLAND FL 32952</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GRIFFIN, TRACEY</b> <b>560 PARK AVENUE</b> <b>SATELLITE BEACH FL 32937</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John A. McFarland</b> <b>2432 Appalachian Drive</b> <b>Melbourne, FL 32935</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William E. Wright</b> <b>3986 N. Harbor City Blvd.</b> <b>West Shore Apt. #9</b> <b>Melbourne, FL 32935</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Charles Orme</b> <b>590 Caribbean Drive</b> <b>Satellite Beach, FL 32937</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary L. Goins</b> <b>2739 Algonquin Drive</b> <b>Melbourne, FL 32935</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>R. L. Francisco</b> <b>520 Shell Cove Drive</b> <b>Melbourne, FL 32940</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TRUSTEE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

*R. L. Francisco*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R. L. Francisco**

**02/09/00**

Date

**254-7504**

Daytime Phone #

CR2E037 (9/99)