(9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2002 8:00 am Secretary of State DOCUMENT # 707296 1. Entity Name FIRST BAPTIST CHURCH WINTER HAVEN FLORIDA 03-29-2002 91220 017 ****61.25 Principal Place of Business Mailing Address 198 WEST CENTRAL AVE 198 WEST CENTRAL AVE WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0766974 Not Applicable Zip Country Country ... -\$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gri<u>msle</u>s 1371 Grimsley, Bill 711 Aue T SE Winter Haven FL 33880 MORTON, RICK Street Address (P.O. Box Number is Not Acceptable) 127 PARK LANE SE WINTER HAVEN FL 33884 Haven 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. 9. Election Campaign Financing \$5.00 May Bé Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLARK, MARY NAME NAME STREET ADDRESS 329 WALDORF DRIVE STREET ADDRESS CITY-ST-ZIP **AUBURNDALE FL 33823** CITY-ST-7IP TITLE X Delete TITLE Change Addition 1 MORTON, RICK Grimsley, Bill 711 Ave T SE NAME NAME 127 PARK LANE SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 Winter Haven FL 33880 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition MCMILAN, RALPH NAME NAME 57 MORNINGSIDE RD., N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition MEIGS, DENNIS NAME 812 22ND STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.