

**2002 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90082 035 \*\*\*\*61.25

**DOCUMENT # 707771**  
 1. Entity Name  
**THE FIRST BAPTIST CHURCH OF DOVER, INC.**

Principal Place of Business 3223 N. GALLAGHER RD. DOVER FL 33527 US	Mailing Address 3223 N. GALLAGHER RD. DOVER FL 33527 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-0794392</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
~~WYATT, MICHAEL  
 13116 LEWIS GALLAGHER RD  
 DOVER FL 33527~~

7. Name and Address of New Registered Agent  
 Name **STEVE MYERS**  
 Street Address (P.O. Box Number is Not Acceptable) **11204 LAKE SASSA DR.**  
 City **THONOTOSASSA** FL Zip Code **33592**

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 *Steve Myers* DATE 5/8/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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>D MONTGOMERY, DAVID 611 BEVERLY DR. BRANDON FL 33510</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELDY, MARSHALL 3604 CINNAMON TRACE DR VALRICO FL 33594</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ENGLISH, RODNEY 4029 GAVIN RD. DOVER FL 33527</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HENRY MONTEFU 7702 S. S.R. 39 PLANT CITY, FL. 33567</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANDREW SATMARI 1910 SYDNEY DOVER RD. DOVER, FL. 33527</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Andrew Satmari* **SIGNATURE REQUIRED** DATE 3/20/02 813-876-1913  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)