

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90611 001 ****61.25

DOCUMENT # 708033



1. Entity Name
FIRST BAPTIST CHURCH OF INDIALANTIC, INC.

Principal Place of Business
**170 WASHINGTON AVENUE
INDIALANTIC FL 32903
US**

Mailing Address
**170 WASHINGTON AVENUE
INDIALANTIC FL 32903
US**

60020500



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0965344**

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

**BURGER, ROBERT T., ESQUIRE
1901-6 HWY A1A
INDIAN HARBOUR BEACH FL 32937**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BLACKSTONE, BILL	
STREET ADDRESS	2575 SANDCASTLE WAY	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SINCLAIR, JERRY	
STREET ADDRESS	410 RIO CASA DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SINK, CHUCK	
STREET ADDRESS	1145 N RIVERSIDE DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	TC	<input type="checkbox"/> Delete
NAME	WOODALL, ERNIE	
STREET ADDRESS	2259 FLORIDIANE DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

Ernie Woodall

CR2E037 (10/02)