

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90125 014 ****61.25

DOCUMENT # 708711

Entity Name
FIRST BAPTIST CHURCH OF AUBURNDALE, FLORIDA, INC

| | |
|---|---|
| Principal Place of Business 300 S. MAIN ST. P O BOX 367 (338230367) AUBURNDALE FL 33823-1102 | Mailing Address 300 S. MAIN ST. P O BOX 367 (338230367) AUBURNDALE FL 33823-1102 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|-----------------------------|---------|---------------------|---------|---|--|--|--|
| Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-0637835 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| RINER, CHARLES 513 HILLSIDE DRIVE AUBURNDALE FL 33823 | | | | Name | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | | | FL | | Zip Code | |
| | | | | | | | | | | | |

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: *Charles Riner* **Charles Riner, President** **02-06-02**
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---------------------------------|--|------------------------------------|--|

| D. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| <input type="checkbox"/> Delete NAME: ERNST, ROBERT E STREET ADDRESS: 101 LAKEVIEW DRIVE CITY-ST-ZIP: AUBURNDALE FL 33823 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: Vice-President NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| <input type="checkbox"/> Delete NAME: PCD CHESSER, JOHN STREET ADDRESS: 204 LAKE DALE DR CITY-ST-ZIP: AUBURNDALE FL 33823 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| <input type="checkbox"/> Delete NAME: AGRELLA, SHIRLEY STREET ADDRESS: 1210 PATTI LANE CITY-ST-ZIP: AUBURNDALE FL 33823 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| <input type="checkbox"/> Delete NAME: PCD RINER, CHARLES STREET ADDRESS: 513 HILLSIDE DRIVE CITY-ST-ZIP: AUBURNDALE FL 33823 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | |
| <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: | | <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | |

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: *Charles Riner* **Charles Riner, President** **02-06-02** **863-967-4484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)