

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0066632

03-12-2001 90437 033 \*\*\*\*61.25

**DOCUMENT # 709924**

1. Entity Name

**FIRST BAPTIST CHURCH OF HAINES CITY, INC.**

Principal Place of Business

2250 STATE ROAD 17 SOUTH  
 HAINES CITY FL 33844

Mailing Address

2250 STATE ROAD 17 SOUTH  
 HAINES CITY FL 33844

**929309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6159644**

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

**BRADBURY, ROBERT K.**  
**159 BEVERLY DRIVE, SE**  
**WINTER HAVEN FL 33884**

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: SIMS, KERMIT  Delete  
 STREET ADDRESS: 415 DYSON RD.  
 CITY-ST-ZIP: HAINES CITY FL

TITLE: *Kermit Sims, Pres.*  Change  Addition  
 NAME: *Kermit Sims, Pres.*  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  
 NAME: COPELAND, DOY  Delete  
 STREET ADDRESS: B. MOORE ROAD  
 CITY-ST-ZIP: HAINES CITY FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: STD  
 NAME: BRADBURY, ROBERT K.  Delete  
 STREET ADDRESS: 159 BEVERLY DR, SE  
 CITY-ST-ZIP: WINTER HAVEN FL 33884

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  
 NAME: MAYBERRY, CHARLES  Delete  
 STREET ADDRESS: OLD LAKE WILSON RD.  
 CITY-ST-ZIP: LOUGHMAN FL

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  
 NAME: SHEEK, TOM R  Delete  
 STREET ADDRESS: 92 PINE FOREST LANE  
 CITY-ST-ZIP: HAINES CITY FL 33844

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  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)(j), 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:

*Kermit Sims*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/00)