

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90055 040 \*\*\*\*61.25

**DOCUMENT # 709924**

1. Entity Name

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

Principal Place of Business

Mailing Address

**2250 STATE ROAD 17 SOUTH  
 HAINES CITY FL 33844**

**2250 STATE ROAD 17 SOUTH  
 HAINES CITY FL 33844**

**845908**



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

**William Hinkle**

Street Address (P.O. Box Number is Not Acceptable)

**415 Dyson Road**

City

**Haines City, Florida FL**

Zip Code

**33844-0772**

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

*William Hinkle, William Hinkle*

*01/28/02*

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.

**\$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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SIMS, KERMIT</b>	
STREET ADDRESS	<b>415 DYSON RD.</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COPELAND, DOY</b>	
STREET ADDRESS	<b>B. MOORE ROAD</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRADBURY, ROBERT K.</b>	
STREET ADDRESS	<b>159 BEVERLY DR, SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAYBERRY, CHARLES</b>	
STREET ADDRESS	<b>OLD LAKE WILSON RD.</b>	
CITY-ST-ZIP	<b>LOUGHMAN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEEK, TOM R</b>	
STREET ADDRESS	<b>92 PINE FOREST LANE</b>	
CITY-ST-ZIP	<b>HAINES CITY FL 33844</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TDS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM HINKLE</b>	
STREET ADDRESS	<b>415 DYSON ROAD</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844-0772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BILL JORDAN</b>	
STREET ADDRESS	<b>320 LAKE ELSIE DRIVE</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAMES SHYTTLE</b>	
STREET ADDRESS	<b>960 S. LAKE ELBERT DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DON MAIDEN</b>	
STREET ADDRESS	<b>3572 PINE TREE LOOP</b>	
CITY-ST-ZIP	<b>HAINES CITY, FL 33844</b>	
TITLE	<b>P</b>	<input checked="" 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:

*Don Maiden*

*3-12-02*

*(863)422-4488*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)