

DOCUMENT # 710381	
1. Entity Name	
THE FIRST MISSIONARY BAPTIST CHURCH OF KENANSVIL	

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90041 029 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
STATE ROAD 523 PO BOX 103 KENANSVILLE FL 34739		STATE ROAD 523 PO BOX 103 KENANSVILLE FL 34739	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2471103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAISDEN, GLENN R GRANT BASS ROAD STATE ROAD 523 AND GRANT BASS RD KENANSVILLE FL 34739		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 _____ DATE _____
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAISDEN, GLENN R GRANT BASS RD KENANSVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WALTER T. LAKE MARION ROAD KENANSVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIDGEWAY, GLORIA 400 S. CANOE CREEK RD KENANSVILLE FL 34739 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, DONALD VICKERS RD KENANSVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDGEWAY, ROBERT E 400 S. CANOE CREEK RD KENANSVILLE FL 34739 <input type="checkbox"/> Delete	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"/> Delete	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: GLENN R. BAISDEN **1-3-01** **407-436-1020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #