

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90066 004 ****61.25

DOCUMENT # 710473

1. Entity Name

FIRST BAPTIST CHURCH OF LARGO, FLORIDA, INC.



Principal Place of Business

**801 SEMINOLE BLVD
LARGO FL 33770
US**

Mailing Address

**801 SEMINOLE BLVD
LARGO FL 33770
US**

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 **59-0774181**

Applied For

Not Applicable

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

**EZELL, SHELBY
900 S KEENE ROAD
CLEARWATER FL 33756**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
LAURANCE, MARY
11196 126TH AVE
LARGO FL 33778**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
EZELL, SHELBY
900S KEENE RD
CLEARWATER FL 33756**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VT
BUTLER, TODD W
1566 PEACEFUL LANE NORTH
CLEARWATER FL 33756**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1546
Please change
house number
only.**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1546
Please change
house number
only.**

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TITLE
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CITY-ST-ZIP

**1546
Please change
house number
only.**

☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF THE SIGNING OFFICER OR DIRECTOR

1/27/03

CR2E037 (10/02)