


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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90197 002 \*\*\*\*61.25

**DOCUMENT # 711185**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF JAN PHYL VILLAGE, IN C.**



Principal Place of Business  
**100 HATFIELD RD  
WINTER HAVEN FL 33880**

Mailing Address  
**100 HATFIELD RD  
WINTER HAVEN FL 33880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1865485**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, MARION  
2424 AVE A SW  
WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HESTER, DWIGHT</b>	
STREET ADDRESS	<b>549 SOMERSEY DRIVE</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, BEN</b>	
STREET ADDRESS	<b>723 BRYAN LANE</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, MARION</b>	
STREET ADDRESS	<b>2424 AVE A SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, JOHNNY L</b>	
STREET ADDRESS	<b>687 OLD BERKLEY RD</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONNER, A.R.</b>	
STREET ADDRESS	<b>153 HABIA COURT</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN, VALDOR</b>	
STREET ADDRESS	<b>3026 SPIRITLAKE DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>549 Somerset Drive</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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: Marion Lawrence **Marion Lawrence** 1/15/03 863-293-9120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)