

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

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

01-21-2003 90151 018 \*\*\*\*70.00

**DOCUMENT # 711632**



1. Entity Name  
**FIRST BAPTIST CHURCH, INCORPORATED, OF CHIEFLAND  
, FLORIDA**

Principal Place of Business  
**511 NORTH YOUNG BLVD  
CHIEFLAND FL 32644  
US**

Mailing Address  
**P.O. BOX 2270  
CHIEFLAND FL 32644  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1776911**  
Applied For  
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAUCHAMP, R. LUTHER  
11090 NBW 86TH COURT  
CHIEFLAND FL 32626**

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 \_\_\_\_\_ (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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LOWE, BEVERLY</b>	
STREET ADDRESS	<b>6450 NW 115 STREET</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEAUCHAMP, JERRY</b>	
STREET ADDRESS	<b>13150 N. BRONSON AVE.</b>	
CITY-ST-ZIP	<b>TRENTON FL 32693</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LANGSTON, ART</b>	
STREET ADDRESS	<b>P.O. BOX 868 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROSS, KEN</b>	
STREET ADDRESS	<b>P.O. BOX 1443 N/A</b>	
CITY-ST-ZIP	<b>CHIEFLAND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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: SIGNATURE REQUIRED 1/16/03 352-493-1481

CR2E037 (10/02)