

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

1/2

**DOCUMENT # 711651**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF FLORIDA CITY, INC.**



Principal Place of Business  
 101 SW REDLAND ROAD  
 FLORIDA CITY FL 33034

Mailing Address  
 101 SW REDLAND ROAD  
 FLORIDA CITY FL 33034



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1051721**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROGERS, R. LEE**  
**27862 SW 162 COURT**  
**HOMESTEAD FL 33031**

7. Name and Address of New Registered Agent  
 Name **HORBELT, REV. JOHN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14658 SW 139th PLACE**  
**MIAMI, FL 33186**  
 City **FL** Zip Code **33186**

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 **REV. JOHN HORBELT, PRESIDENT** *Rev. John Horbelt* **January 23, 2003**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<del>TD GREENAWALD, NELLIE 18728 SW 349TH ST HOMESTEAD, FL 00000</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CD SHANKS, CHARLES 14325 SW 285 TERR LEISURE CITY, FL 33033</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D ROGERS, R. LEE 27862 SW 162 COURT HOMESTEAD FL 33031</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DONNA HEATH 18720 SW 349th ST HOMESTEAD, FL 33034</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD GARETT CONOVER 38277 SW 182nd AVE. #16 FLORIDA CITY, FL 33034</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD REV. JOHN HORBELT 14658 SW 139th PLACE MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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, trustee, assignee, or liquidator of the corporation, as defined in 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: *Rev. John Horbelt* **305-247-4541** **JANUARY 23, 2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)