

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90043 014 ****70.00

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DOCUMENT # 713191

1. Entity Name

FIRST BAPTIST CHURCH OF JENSEN BEACH, FLORIDA, I

Principal Place of Business

Mailing Address

1400 N.E. JENSEN BEACH BLVD
 JENSEN BEACH FL 34957

1400 N.E. JENSEN BEACH BLVD
 JENSEN BEACH FL 34957

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 **59-1682389**

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

THOMAS, JEAN
3518 NE JEANNETTE DR
JENSEN BEACH FL 34957

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PENNINGTON, JAMES**
 STREET ADDRESS **4623 NE ALLEN CIRCLE**
 CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **SD** Delete
 NAME **FLYNN, PATRICIA**
 STREET ADDRESS **1977 NE RIDGE AVE**
 CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TD** Delete
 NAME **THOMAS, JEAN**
 STREET ADDRESS **3518 NE JEANNETTE DR**
 CITY-ST-ZIP **JENSEN BEACH FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Collazo, Greg**
 STREET ADDRESS **1880 NE Victorian Lane**
 CITY-ST-ZIP **Jensen Beach, Fl. 34957**

TITLE **SD** Change Addition
 NAME **Donna Cataldo**
 STREET ADDRESS **8033B W. Yachtsman Drive**
 CITY-ST-ZIP **STUART, FL 34994**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Jean Thomas 4/22/01 (561) 334-5923

CR2E037 (10/00)