

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

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90080 006 ****61.25

DOCUMENT # 714457



1. Entity Name
FIRST BAPTIST CHURCH OF ANTHONY, INC.

Principal Place of Business
**C/O BOBBY J PALMER
PO BOX 267
ANTHONY FL 32617**

Mailing Address
**C/O BOBBY J PALMER
PO BOX 267
ANTHONY FL 32617**



CHECK HERE IF MAKING CHANGES

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

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

City & State

4. FEI Number **59-2327124** 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

**PALMER, BOBBY J
2750 N.E. 95TH ST.
ANTHONY FL 32617**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 Delete
NAME **VD DUDLEY, LANOLA R**
STREET ADDRESS **13300 N.E. 98TH ST.**
CITY-ST-ZIP **FT MCCOY FL 31134**

Change Addition

TITLE Delete
NAME **SD GRANT, MARILYN**
STREET ADDRESS **2850 N.W. 100TH STREET**
CITY-ST-ZIP **OCALA FL 34475**

Change Addition

TITLE Delete
NAME **D ARDEN, CAROLYN**
STREET ADDRESS **3500 NE 107TH STREET RD**
CITY-ST-ZIP **ANTHONY FL 32617**

Change Addition

TITLE Delete
NAME **P PALMER, BOBBY J**
STREET ADDRESS **2750 N.E. 95TH ST.**
CITY-ST-ZIP **ANTHONY FL 32617**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

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 like empowered.

SIGNATURE: *Bobby J Palmer* **REQUIRED**

2-10-03

CR2E037 (10/02)