

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90354 010 \*\*\*\*61.25

0012754

**DOCUMENT # 715458**

1. Entity Name

**FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**97 CENTER STREET, SOUTH  
 BALDWIN FL 32234**

**97 CENTER STREET, SOUTH  
 BALDWIN FL 32234**

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

**59-1762281**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORTON, RON  
 RT. 1, BOX 446  
 BRYCEVILLE FL 32009**

Name **Vernon HARRIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17409 Brandy Branch Road**  
 City **Baldwin** FL Zip Code **32234**

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

*Vernon Harris*

**2-26-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, VERNON RT 24 BOX 372 BALDWIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WIGGINS, MIKE 16524 VILLAGE GREEN DRIVE SOUTH BALDWIN FL 32234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, AARON 2517 SUMMERFIELD LANE BALDWIN FL 32234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALLER, BILL POST OFFICE BOX 208 BRYCEVILLE FL 32009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, RAY 2559 SUMMERFIELD LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGAN, JOE 12021 W BEAVER ST JACKSONVILLE FL 32220	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ron Horton RT 1 BOX 446 Bryceville, FL 32009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Roger Boyd 475 West 3rd St. Baldwin, FL 32234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARL CRAFT 448 Pleasant Pine Dr. Jacksonville, FL 32220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRY Milam RT 1 Box 393 Bryceville, FL 32009	<input type="checkbox"/> Change <input checked="" 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 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:

*Vernon Harris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-26-01**

**904-2664222**

CR2E037 (10/00)