

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93644 017 ****61.25

DOCUMENT # 717051

1. Entity Name

FIRST BAPTIST CHURCH OF KEYSTONE HEIGHTS, INC.

Principal Place of Business

Mailing Address

**550 SE WALKER DRIVE
 KEYSTONE HEIGHTS FL 32656**

**550 SE WALKER DRIVE
 KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1459578

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

**MAXWELL, MARK
 5055 KLAZE DRIVE
 KEYSTONE HEIGHTS FL 32656**

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

J. Mark Maxwell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-22-02

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	<input type="checkbox"/> Delete
NAME	PROSE, JAMES	
STREET ADDRESS	560 LAKEVIEW	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAROSZ, ROSALIE	
STREET ADDRESS	5321 CR 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FUTCH, M.B.	
STREET ADDRESS	340 E WALKER DR	
CITY-ST-ZIP	KEYSTONE HGTS, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, BARBARA	
STREET ADDRESS	6980IMMOKALEE ROAD	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
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		
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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:

J. Mark Maxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-22-02

352-473-8000 x343

Date

Daytime Phone #

CR2E037 (9/01)

0065459