

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90095 016 ****61.25

DOCUMENT # 719642

1. Entity Name

INDIAN RIVER BAPTIST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5700 GRAHAM RD
 FORT PIERCE FL 34947-4307
 US**

**5700 GRAHAM RD
 FORT PIERCE FL 34947-4307
 US**

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

59-1412608

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

**WEBB, HARVEY J
 5700 GRAHAM RD
 FT PIERCE FL 34947**

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 NAME STREET ADDRESS CITY-ST-ZIP	T HORNE, CINDY 3790 SPINNAKER CT FT. PIERCE FL 34946	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOPES, JANET K 110 HIALEAH AVE FT. PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, HARVEY J 5700 GRAHAM RD FT PIERCE FL 34947	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, T. L. SR. 910 BUCKEYE DR. FT PIERCE FL 34982	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, STEVEN 2325 S. E. MANOR AVE PORT ST. LUCIE FL 34952	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bridgers, Craig 6109 Sunset Blvd FT PIERCE, FL 34982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

Janet K. Lopes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02

561-464-5175

CR2E037 (9/01)