

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

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

02-11-2003 90071 020 ****61.25

DOCUMENT # 720869

1. Entity Name

FIRST BAPTIST HILLTOP CHURCH, INC.



Principal Place of Business

**HOPSON ROAD. WASHINGTON HEIGHTS
PO BOX 936
FROSTPROOF FL 33843**

Mailing Address

**HOPSON ROAD. WASHINGTON HEIGHTS
PO BOX 936
FROSTPROOF FL 33843**

90022881



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0078914**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAMILTON, RANDOLPH
WASHINGTON HEIGHTS AND HOPSON RD.
FROSTPROOF FL 33843**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TR** ☐ Delete
NAME **LOWERY, PEARLIE M**
STREET ADDRESS **WASHINGTON HTS HOPSON RD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **LOWERY, WALLACE**
STREET ADDRESS **WASHINGTON HIEGHTS HOPSON RD.**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **HAMILTON, RANDOLPH**
STREET ADDRESS **WASINGTON HEIGHTS HOPSON RD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **FS** ☐ Delete
NAME **WILSON, CHRISTINE**
STREET ADDRESS **50 QUEENS CT.**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **LEWIS, SYLVIA**
STREET ADDRESS **LINCOLN STREET/WASHINGTON HTS. & HOPSON RD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **SMITH, JULIA P**
STREET ADDRESS **SHEFIELD ROAD**
CITY-ST-ZIP **FROSTPROOF FL 33843**

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 the empowered.

SIGNATURE

Christine Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

(863) 35-3396

CR2E037 (10/02)