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## 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 720927** 

## Sep 10, 2001 8:00 am Secretary of State FIRST BAPTIST CHURCH OF INWOOD, INC. 09-10-2001 90005 046 \*\*\*\*70.00 Principal Place of Business Mailing Address 1302 33RD STREET N.W. 1302 33RD STREET N.W. WINTER HAVEN FL 33881 WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 59-150694 172-0927634 4. FEI Number Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALKER, GARRY L. 925 ST. RD. 655 POLK-CITY FL 33868 City Zip Code FL 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, 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 Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 12, 2001, min. will be \$236.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (5/01)TITLE ☐ Delete TITLE Change ☐ Addition THOMPSON, STEVE NAME NAME 4376 DIAMOND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE Change SMITH, MAHLON V. NAME 645 26TH STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE WALKER, GARRY L. NAME NAME STREET ADDRESS 925 ST. RD. 655 STREET ADDRESS CITY-ST-ZIP POLK CITY FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition MARSH, DELMUS E. NAME STREET ADDRESS 1323 33RD ST. N.W. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: