

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90025 030 ****61.25

0055120

DOCUMENT # 723453

1. Entity Name

FIRST BAPTIST CHURCH OF PAHOKEE, INC.

Principal Place of Business

**225 BACOM POINT RD
PAHOKEE FL 33476
US**

Mailing Address

~~225 BACOM POINT RD~~
~~PAHOKEE FL 33476~~
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 198

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pahokee, Fl.

4. FEI Number

59-1826117

Applied For

Not Applicable

Zip

Country

Zip

Country

33476

Palm Beach

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~WILLS, GALE~~
~~2523 SW 14TH STREET~~
~~PAHOKEE FL 33476~~

7. Name and Address of New Registered Agent

Name

Burroughs, William F

Street Address (P.O. Box Number is Not Acceptable)

897 Bacom Point Road

Pahokee Fl 33476

City

Pahokee

FL

Zip Code

33476

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

William F. Burroughs

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

(NOTE: Registered Agent signature required when reinstating)

04-08-01

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 **TR** ☒ Delete
NAME ~~DOUGLAS, WILLIAM~~
STREET ADDRESS ~~3497 AIRPORT RD~~
CITY-ST-ZIP ~~PAHOKEE FL 33476~~

TITLE **TR** ☐ Change ☒ Addition
NAME **LONGORIA, JUNIOR**
STREET ADDRESS **184 SOUTH FLAME AVE**
CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE **TR** ☒ Delete
NAME ~~WILLS, GALE~~
STREET ADDRESS ~~2523 SW 14TH ST~~
CITY-ST-ZIP ~~PAHOKEE FL 33476~~

TITLE **TR** ☐ Change ☒ Addition
NAME **HOOD, KELL**
STREET ADDRESS **240 BEGONIA AVE**
CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE **TR** ☐ Delete
NAME **BURROUGHS, WILLIAM F**
STREET ADDRESS **897 BACOM POINT ROAD**
CITY-ST-ZIP **PAHOKEE FL 33476**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

William F. Burroughs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-01 561-924-7132

Date

Daytime Phone #

CR2E037 (10/00)