

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90398 024 \*\*\*\*61.25

**DOCUMENT # 723453**

1. Entity Name

**FIRST BAPTIST CHURCH OF PAHOKEE, INC.****944826**

DO NOT WRITE IN THIS SPACE

|                                              |                                      |
|----------------------------------------------|--------------------------------------|
| Principal Place of Business                  | Mailing Address                      |
| 225 BACOM POINT RD<br>PAHOKEE FL 33476<br>US | PO BOX 198<br>PAHOKEE FL 33476<br>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 | Applied For    |
| 59-1826117    | Not Applicable |

|                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---------------------------------------------------------|

|                                                                |
|----------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent                |
| BURROUGHS, WILLIAM F<br>897 BACOM POINT RD<br>PAHOKEE FL 33476 |

|                                                    |    |          |
|----------------------------------------------------|----|----------|
| 7. Name and Address of New Registered Agent        |    |          |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                          |                                                                                                              |                                           |
|--------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TR<br>LONGORIA, JUNIOR<br>184 SOUTH FLAME AVE<br>PAHOKEE FL 33476 <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TR<br>HOOD, KELL<br>240 BEGONIA AVE<br>PAHOKEE FL 33476 <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TR<br>BURROUGHS, WILLIAM F<br>897 BACOM POINT ROAD<br>PAHOKEE FL 33476 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: William F. Burroughs Date: 04-10-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)