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

**DOCUMENT # 723453** 

1. Entity Name

FIRST BAPTIST CHURCH OFFPAHOKEE, INC.



07-25-2003-90096-029-\*\*\*\*61.25

03 JUL 31 PM 2:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

561-924-7132

5-6-03

DO NOT WRITE IN THIS SPACE					10110468			
2. Principal F	Place of Business	3. Mailing Address		1				
225 RACOM POINT ROAD Suite, Apt. #, etc.		P. O. BOX 198 Suite, Apt. #, etc.		_	O MOT MIDITE IN THIS			
PAHOKER, FLORIDA 334476		PAHOKEE, FLORIDA 33476		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number		Applied For		
	Country	710	Zip Country		59 18261		Not Applicable	
Zip <b>33476</b>	Country PALM BEACH	33476		BEACH			\$8.75 Additional Fee Required	
Market State			- 12 (a) (b)		7. Name and Address	of Current Registered	Agent	
				lame <b>TIM RERR</b>	INO Thomas	C. Herrin	a	
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) P. O. BOX 113 12271 Everglades St.				
IN THIS SPACE								
				BAHOKEE kv			Zip Code	
				CAHALITO		۲۷	Zip Code 33476	
8. The above named entity subrights 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.  Tho was C. Herring  Signiature  S								
	FEE IS \$81.25 Initial or Amenged USR OFFICERS AND DIR	Trust F	n Campaign Finar und Contribution.	ncing	\$5.00 May Be Added to Fees	Make Check Florida Depart	Section 5. But of Decident County of the County	
10% %	TRUSTEE	CTOHS	Sme			Aug Ir Quan a gan		
HAME	DAVID UNWIN		NAME					
STREET ADDRESS	2031 BACOM POINT RD.		STREET AL					
CITY-ST-ZIP	PAHOKEE, FLORIDA 334	76	cin si	OP STATE				
TITLE .	TRUSTEE R. L. BATTON		TILL					
STREET ADDRESS	2271 BACOM POINT RD.		STREET A	JORFSS				
CTTY-ST-ZIP	PAHOKEE, FLORIDA 334	76	cm st	TOP				
TITLE NAME	TRUSTER		MILE .					
STREET ADDRESS	TIM HERRING	<u></u>	NAME STREET AD	narss .			1,000	
CITY-ST-ZIP	-P:-0:-BOX-113 CANALEPOINT PRICOREDA	7334438	CUTY ST-	DP	יו טש	OTWR	l <b>E</b>	
TITLE	TRUSTEE		πü		IN TH	HS SPAC	F	
NAME STREET ADDRESS	ALVIN ARMSTRONG		NAME STREET AD	00055				
CITY-ST-ZIP	P. DA BOX 464.	76	rain-si-	The State of the S	**************************************			
ME	PAHOKEE, FLORIDA 334	<i>.</i>	mil	E-11	Tipur V			
NAME			<b>UNE</b>		<i>17</i> 7	XMNEY		
STREET ADDRESS		•	STREET AL	**************************************	- 7/7	1 A ' 1		
CITY-ST-ZIP	<del> </del>	<del></del>	COTY-ST-1		W. Carrie			
NAME			NAME					
STREET ADDRESS	·		STREELAD			0		
CITY-ST-ZIP	<u> </u>		ciri, st z	Section of the second section		ting the state of the		
12. I hereby of indicated of the corpattachmen	certify that the information supplied with the on this report for supplemental report is the portation or the receiver or trustee empore the with an address, with all others and the company of the comp	nis filing does not qualitue and accurate and the wered to execute the down of the court of the	fy for the exempti hat my signature t exert as required	on stated in Sec shall have the sa by Chapter 617	tion 119.07(3)(i), Florida ame legal effect as if ma 7, Florida Statutes; and	a Statutes. I further certi de under oath; that I an that my name appears	ly that the information in an officer or director in Block 10 or on an	