

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

AMEND

07-25-2003 90096 029 ***61.25
1723453

DOCUMENT # 723453

1. Entity Name

FIRST BAPTIST CHURCH OF PAHOKEE, INC.



03 JUL 31 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

10110468

2. Principal Place of Business

225 BACOM POINT ROAD

Suite, Apt. #, etc.

PAHOKEE, FLORIDA 33476

City & State

3. Mailing Address

P. O. BOX 198

Suite, Apt. #, etc.

PAHOKEE, FLORIDA 33476

City & State

DO NOT WRITE IN THIS SPACE

Zip
33476

Country
PALM BEACH

Zip
33476

Country
PALM BEACH

4. FEI Number

59 1826117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
~~TIM HERRING~~ Thomas C. Herring

Street Address (P.O. Box Number is Not Acceptable)
P. O. BOX 113, 12271 Everglades St.

PAHOKEE

City
CANAL POINT

FL Zip Code
33476

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IN THIS SPACE**

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

Thomas C. Herring

Thomas C. Herring

6-1-03

FEE IS \$81.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE DAVID UNWIN 2031 BACOM POINT RD. PAHOKEE, FLORIDA 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE R. L. RATTON 2271 BACOM POINT RD. PAHOKEE, FLORIDA 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE TIM HERRING P. O. BOX 113 CANAL POINT, FLORIDA 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE ALVIN ARMSTRONG P. O. BOX 1164 PAHOKEE, FLORIDA 33476
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IN THIS SPACE**

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 on an attachment with an address, with all other, if empowered.

SIGNATURE:

R. L. Ratton

5-6-03

561-924-7132/