

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90018 022 \*\*\*\*61.25

**DOCUMENT # 723940**

1. Entity Name

**FIRST BAPTIST CHURCH OF MARIANNA, INC. THE**

Principal Place of Business

**2897 GREEN STREET  
 MARIANNA FL 32446  
 US**

Mailing Address

**2897 GREEN STREET  
 MARIANNA FL 32446  
 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

**59-0864592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HAGAN, KIMBERLY  
 2897 GREEN STREET  
 MARIANNA FL 32446**

7. Name and Address of New Registered Agent

Name

**Gladys Hill**

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

**2897 Green Street**

City

**Marianna**

**FL**

Zip Code

**32446**

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

**Gladys Hill**  
*Gladys Hill*

**3-1-01**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MASSENGILL, GREG</b> <b>5134 PRESIDENTS CIRCLE</b> <b>MARIANNA FL 32446</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEACOCK, BILL</b> <b>3391 HIGHWAY 73</b> <b>MARIANNA FL 32446</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAYLES, VELMA</b> <b>2949 SPRING STREET</b> <b>MARIANNA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERS, DOROTHY</b> <b>3392 HWY. 73</b> <b>MARIANNA FL 32446</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HAGAN, KIMBERLY</b> <b>2897 GREEN STREET</b> <b>MARIANNA FL 32446</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRIS, FRED</b> <b>2962 DOGWOOD ST.</b> <b>MARIANNA FL 32446</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Gladys Hill</b> <b>2897 Green Street</b> <b>Marianna, FL 32446</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>John Padgett</b> <b>1885 Spring Lake Trail</b> <b>Marianna, FL 32448</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:**

*John Padgett*  
 SIGNATURE OF REGISTERED AGENT

**3-2-01 526-4200**

Date

Daytime Phone #

CR2E037 (10/00)