

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90062 015 \*\*\*\*61.25

**DOCUMENT # 724370**

1/ Entity Name

**FIRST BAPTIST CHURCH OF FLORAL CITY, INC.**

Principal Place of Business 8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636	Mailing Address 8545 EAST MAGNOLIA ST. PO BOX 114 FLORAL CITY FL 32636
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2810043400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-1757718**  Applied For  
 Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**THOMPSON, ROY M**  
**8111 E SUNRAY LANE**  
**FLORAL CITY FL 34436**

**7. Name and Address of New Registered Agent**  
 Name Thompson, Roy M.  
 Street Address (P.O. Box Number is Not Acceptable) 8960 E. Jefferson St.  
 City Floral City FL Zip Code 34436

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 \_\_\_\_\_  
 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  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WOOD, JESSE</b> <b>8540 EAST MOONRISE LANE</b> <b>FLORAL CITY FL 34436</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MISHOU, JOANNE</b> <b>12110 S OLD JONES ROAD</b> <b>FLORAL CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUHL, GARY</b> <b>6620 MERLEING LOOP</b> <b>FLORAL CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KUHL, ELICIA</b> <b>6620 MERLEING</b> <b>FLORA CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HANNIE, STEVE</b> <b>9480 E TSALA APOPKA DR</b> <b>FLORAL CITY FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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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:** SIGNATURE REQUIRED Roy M. Thompson 02-23-01 352-726-4296  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)