

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90028 048 ****70.00

DOCUMENT # 724370

1. Entity Name

FIRST BAPTIST CHURCH OF FLORAL CITY, INC.

Principal Place of Business

Mailing Address

**8545 EAST MAGNOLIA ST.
 PO BOX 114
 FLORAL CITY FL 32636**

**8545 EAST MAGNOLIA ST.
 PO BOX 114
 FLORAL CITY FL 32636**

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

59-1757718

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, ROY M
 8960 E JEFFERSON ST
 FLORAL CITY FL 34436**

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

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

(NOTE: Registered Agent signature required when reinstating)

March 17 2002
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Roy M. Thompson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2002 352-726-4296
 Date Daytime Phone #

CR2E037 (9/01)