

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 15, 2002 8:00 am**  
**Secretary of State**

02-15-2002 90005 002 \*\*\*\*61.25

**DOCUMENT # 730612**

1. Entity Name  
**FIRST BAPTIST CHURCH OF PLEASANT GROVE, INC.**

Principal Place of Business <b>7725 TURKEY CREEK RD P.O. 277 DURANT FL 33530</b>	Mailing Address <b>7725 TURKEY CREEK RD P.O. 277 DURANT FL 33530</b>
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DO NOT WRITE IN THIS SPACE

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 **59-2986266** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**COOK, NOLAN**  
**3011 LEWIS RD**  
**DOVER FL 33527**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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>PD SLOAN, JOHN</b> <b>1405 STEPHENS OAK ROAD</b> <b>PLANT CITY FL 33567</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KIRBY, DAN</b> <b>7831 S TURKEY CREEK ROAD</b> <b>DURANT FL 33530</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HURVILL, DALE</b> <b>5310 BERRY PATCH ROAD</b> <b>DOVER FL 33527</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<b>KIRBY, DON</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HARVILL</b> <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 Sloan **SIGNATURE REQUIRED** John Sloan 2/14/02 (813)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

# 2001 UNIFORM BUSINESS REPORT (UBR)

*Attachments 2001*  
*Filed*  
*407549*  
*Mailed 2/12/01*

**DOCUMENT # 730612**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF PLEASANT GROVE, INC.**

Principal Place of Business      Mailing Address  
 7725 TURKEY CREEK RD      7725 TURKEY CREEK RD  
 P.O. 277      P.O. 277  
 DURANT FL 33530      DURANT FL 33530

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 **59-2986266**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

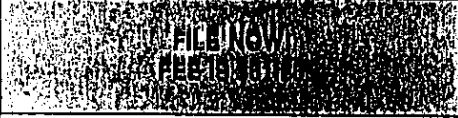


DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 COOK, NOLAN  
 3011 LEWIS RD  
 DOVER FL 33527

**7. Name and Address of New Registered Agent**  
 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 John Sloan PD      *John Sloan PD*      DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**



**10. OFFICERS AND DIRECTORS**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD HURLEY, GORDON	1508 BLOOMINGDALE AVE	VALRICO FL	<input checked="" type="checkbox"/>
STD MINDEDAHL, GENE	1503 RANCHERO LANE	PLANT CITY FL	<input checked="" type="checkbox"/>
PD COOK, NOLAN	3011 LEWIS ROAD	DOVER FL	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
John Sloan PD	1405 STEPHENS OAK ROAD	Plant City, Florida 33567	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<del>Don Kirby V.D.</del>	7831 S. TURKEY CREEK ROAD	DURANT, Florida 33530	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DALE HARVILL SD	5310 BERRY PATCH ROAD	Dover, Florida 33527	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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.

CD25037 (10/00)