

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90184 003 ****61.25

DOCUMENT # 731548

1. Entity Name
FIRST BAPTIST CHURCH OF DUNNELLON, FLORIDA, INC.



Principal Place of Business
**20831 POWELL RD
DUNNELLON FL 34431-6301**

Mailing Address
**20831 POWELL RD
DUNNELLON FL 34431-6301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0979920**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEPHENS, DAVID
19325 W. HWY. 40
DUNNELLON FL 34431**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHENS, DAVID	
STREET ADDRESS	19325 W. HWY. 40	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BATCHER, RAY	
STREET ADDRESS	11555 ORLANDO STREET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, FRANCES	
STREET ADDRESS	20829 CHESTNUT STREET	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GRIMM, GINGER	
STREET ADDRESS	8873 S.W. 200 CIRCLE	
CITY-ST-ZIP	DUNNELLON FL 34431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
NAME	Priscilla Randall	
STREET ADDRESS	450 SW 210 Avenue	
CITY-ST-ZIP	Dunnellon FL 34431	
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: *David Stephens* **REQUIREDAVID STEPHENS 3/22/03 804-3870**

CR2E037 (10/02)