

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90240 045 ****61.25

DOCUMENT # 732698

1. Entity Name

FIRST BAPTIST CHURCH OF WIMAUMA BUILDING CORPORATION, INC.

Principal Place of Business

5701 CAMP STREET
 P O BOX 165
 WIMAUMA FL 33598

Mailing Address

5701 CAMP STREET
 P O BOX 165
 WIMAUMA FL 33598

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2476819

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, FRANK E. JR ESQUIRE
2620 W. KENNEDY BLVD
TAMPA FL 33609

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	VD	<input type="checkbox"/> Delete
NAME	BISHOP, J. F.	
STREET ADDRESS	5150 BISHOP ROAD	
CITY-ST-ZIP	WIMAUMA, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCARBORO, JERRY	
STREET ADDRESS	20539 KEENE ROAD	
CITY-ST-ZIP	LITHIA, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SWEENEY, JOHN D.	
STREET ADDRESS	5622 CENTER STREET	
CITY-ST-ZIP	WIMAUMA FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Phil Mason	
STREET ADDRESS	1209 N. Barnes St.	
CITY-ST-ZIP	Plant City, FL 33563	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Roberts	
STREET ADDRESS	5409 Bonita Dr.	
CITY-ST-ZIP	Wimauma, FL 33598	
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: FRANK E. HAMILTON

7-9-02 (813) 634-1569

CR2E037 (4/02)