

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 734587**

1. Entity Name

FIRST BAPTIST CHURCH OF BOCA RATON, FLORIDA, INC.**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90157 027 ****61.25

Principal Place of Business

Mailing Address

**2350 N.W. 51 ST.
BOCA RATON FL 33431****2350 N.W. 51 ST.
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1447052

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SMITH, ROLAND C
2299 N CONFERENCE DR.
BOCA RATON FL 33486**

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
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DICKENSON, DEBRA	
STREET ADDRESS	4006 NE 24 TERRACE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	REITER, WILLIAM	
STREET ADDRESS	22904 GREENVIEW TERRACE	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ROLAND C	
STREET ADDRESS	2299 N. CONFERENCE DR.	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, JOHN	
STREET ADDRESS	9298 AFFIRMED LN.	
CITY-ST-ZIP	BOCA RATON FL 33496	

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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harper, Susanne	
STREET ADDRESS	9380 Affirmed Ln. Boca Raton, FL 33496	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greene, Willard	
STREET ADDRESS	778 N.W. 6th Dr.	
CITY-ST-ZIP	Boca Raton, FL 33486	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)