

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90351 041 \*\*\*\*61.25

**DOCUMENT # 734587**

1. Entity Name

**FIRST BAPTIST CHURCH OF BOCA RATON, FLORIDA, INC.**

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

**59-1447052**

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

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

Name

**Pam Parker**

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

**20910-5 Via Oleander**

City

**Boca Raton**

**FL**

Zip Code

**33428**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
 NAME **HARPER, SUSANNE**  
 STREET ADDRESS **9380 AFFIRMED LANE**  
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **PD** ☐ Change ☒ Addition  
 NAME **Pam Parker**  
 STREET ADDRESS **20910-5 via Oleander**  
 CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE **TD** ☒ Delete  
 NAME **REITER, WILLIAM**  
 STREET ADDRESS **22904 GREENVIEW TERRACE**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Hal Harrison**  
 STREET ADDRESS **1556 NW 8th St**  
 CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **PD** ☒ Delete  
 NAME **SMITH, ROLAND C**  
 STREET ADDRESS **2299 N. CONFERENCE DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **GREENE, WILLARD**  
 STREET ADDRESS **778 N.W. 6TH DR.**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

**7/7/02**

**(561) 395-1042**

CR2E037 (4/02)