

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735506

1. Entity Name

EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA
, INC.

Principal Place of Business

Mailing Address

910 BAY AVE.
DEFUNIAK SPRGS FL 32433

910 BAY AVE.
DEFUNIAK SPRGS FL 32433

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

59-1603625

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

GRICE, JOHN
1048 BAY AVENUE
DEFUNIAK SPGS FL 32433

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME LAIRD, RALPH
STREET ADDRESS P.O. BOX 1745, 52 N. SHORELINE CIR.
CITY-ST-ZIP DEFUNIAK SPRGS, FL 00000

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

TITLE ☐ Delete
NAME CARROLL, DONALD
STREET ADDRESS 2845 COUNTY HWY 183 NORTH
CITY-ST-ZIP DEFUNIAK SPRGS, FL 00000

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

TITLE ☐ Delete
NAME GRICE, JOHN
STREET ADDRESS 1048 BAY AVENUE
CITY-ST-ZIP DEFUNIAK SPRGS, FL 00000

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

TITLE ☐ Delete
NAME ~~Ralph Griner~~ Griner, Ralph
STREET ADDRESS P.O. Box 194, 668 Peak Canton Rd
CITY-ST-ZIP Defuniak Springs, FL 32433

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:

John M. Grice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 18, 2002 850/892-2324
Date Daytime Phone #

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90070 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)