

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738344**

1. Entity Name

FIRST BAPTIST CHURCH OF WEBSTER, INC.**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90067 037 ****61.25

Principal Place of Business

Mailing Address

**1ST AVE. AND S.E. 2ND ST.
P.O. BOX 217
WEBSTER FL 33597****1ST AVE. AND S.E. 2ND ST.
P.O. BOX 217
WEBSTER FL 33597**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1630835

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

**FUSSELL, MARVIN JR
1ST AVE AND 2ND STREET
WEBSTER FL 33597**

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	FUSSELL, MARVIN JR	
STREET ADDRESS	1ST AVE AND 2ND ST.	
CITY-ST-ZIP	WEBSTER FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FUSSELL, MARVIN	
STREET ADDRESS	HWY 478	
CITY-ST-ZIP	WEBSTER, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TOWNE, HOWARD	
STREET ADDRESS	HWY 478 PO BOX M	
CITY-ST-ZIP	WEBSTER, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIXON, WAYNE	
STREET ADDRESS	HWY 471	
CITY-ST-ZIP	WEBSTER, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TODD, JIM	
STREET ADDRESS	HWY 478	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODD, MICHAEL	
STREET ADDRESS	HWY 478	
CITY-ST-ZIP	WEBSTER FL 33597	

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		
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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

MARVIN C. FUSSELL, JR

Date

Daytime Phone #

3/03/02

352-773-3738

CR2E037 (9/01)