

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90069 023 *****69.00

DOCUMENT # 738544

1. Entity Name

**FELLOWSHIP BAPTIST CHURCH OF CARRABELLE, FLORIDA
, FRANKLIN COUNTY, INC.**



Principal Place of Business

**RYAN DRIVE & AVE F. NORTH
DRAWER KK
CARRABELLE FL 32322**

Mailing Address

**RYAN DRIVE & AVE F. NORTH
DRAWER KK
CARRABELLE FL 32322**

2. Principal Place of Business

706 RYAN DRIVE

3. Mailing Address

PO DRAWER KK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CARRABELLE, FLORIDA

City & State

CARRABELLE, FLORIDA

Zip

32322

Country

U.S.A.

Zip

32322

Country

U.S.A.

4. FEI Number **59-1776503**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLENDER, FARRIS
HWY 67 N
CARRABELLE FL 32322**

7. Name and Address of New Registered Agent

Name **FARRIS VANCE MILLENDER**
Street Address (P.O. Box Number is Not Acceptable)
HWY 67 NORTH
City **CARRABELLE** FL Zip Code **32322**

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

NA - NO CHANGE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MILLENDER, FARRIS**
STREET ADDRESS **HIGHWAY 67 NORTH**
CITY-ST-ZIP **CARRABELLE FL**

TITLE **D** ☒ Delete
NAME **DEMPSEY, PATTI**
STREET ADDRESS **PO BOX 160**
CITY-ST-ZIP **CARRABELLE FL 32322**

TITLE **D** ☐ Delete
NAME **GLENN, DON**
STREET ADDRESS **RYAN DR. & F AVE. WEST**
CITY-ST-ZIP **CARRABELLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition
NAME **BARNETT, Zenith**
STREET ADDRESS **PO BOX 742**
CITY-ST-ZIP **CARRABELLE, FL 32322**

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

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

TITLE ☐ Change ☐ Addition
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 DON GLENN

APRIL 21, 2003 850-697-2811

CR2E037 (10/02)