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

DOCUMENT # 739124

1. Entity Name



FILED
Mar 17, 2003 8:00 am §
Secretary of State
03-17-2003 90103 016 ****61.25

FIRST BAPTIST CHURCH OF GILLETTE, INC.) 				
3301 97TH STREET EAST 3301		3301 97	lailing Address 01 97TH STREET EAST NLMETTO FL 34221							
2. Principal P	lace of Business	3. Mailir	ng Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_					
		·			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 5		Applied For Not Applicable		
Zip	Country Z		р Со		untry 5. Certificate of				.75 Additional Required	
	6. Name and Address of Current	Registered	Agent			7. Name and Add	ress of New Registered	`		
TEACHEN AND LIVER					Name					
TEACHEY, MRS LYNN 905 24TH AVE W					Street Address (P.O. Box Number is Not Acceptable)					
PALMETTO FL 34221										
					City		FL	Zip Cod	le	
	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent.			Ť			the State of Florida. I am	familiar with,	and accept	
*	Signature, typed or printed name of registered agent a	and title if applic	CRDIO. (NOTE:	Hegistered	Agent signature requin	ed when reinstating)	DATE	 	,	
				on Campaign Financing fund Contribution.		\$5.00 May Be Added to Fees	Make Chec Florida Depai			
10.	OFFICERS AND DIF	RECTORS		11,	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, JOHN 3010 85TH ST. E. PALMETTO FL		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS			☐ Change,	☐ Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEACHEY, MRS. LYNN 905 24TH AVE W PALMETTO FL		☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Chắnge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEACHEY, MR. BOB 905 24TH AVE W PALMETTO FL		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cadwell, John Buzbee 4003 57th St. E. Palmetto Fl		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		☐ Delete	CITY-S	T ADDRESS ST-ZIP			Change	Addition	

r nereby certify that the information supplied with this filing does not quality 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:

2-26-03

129-3499