

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90020 026 \*\*\*\*61.25

**DOCUMENT # 740728**

1. Entity Name

**THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA,**

Principal Place of Business

Mailing Address

MAPLE STREET WEST  
 PO BOX 685  
 DAVENPORT FL 33837

MAPLE STREET WEST  
 PO BOX 685  
 DAVENPORT FL 33837

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

**59-2355403**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROCKER, DAVID E.**  
**411 NORTH BLVD. W.**  
**DAVENPORT FL 33837**

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 NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP ROCKER, DAVID E.	411 NORTH BLVD W.	DAVENPORT FL	<input type="checkbox"/>				<input type="checkbox"/>
DV SMITH, STEVE	116 TERRACE DR	HAINES CITY FL 33844	<input type="checkbox"/>				<input type="checkbox"/>
DS CONLEY, WENDELL	LAGO VISTA COURT	DAVENPORT FL	<input type="checkbox"/>				<input type="checkbox"/>
D LINDER, LEE	627 POWER LINE RD	DAVENPORT FL	<input type="checkbox"/>				<input type="checkbox"/>
DT CHUMNEY, MILDRED	EAST LEMON STREET	DAVENPORT FL	<input type="checkbox"/>				<input type="checkbox"/>
D O'NEAL, PAUL E	215 E MAPLE ST	DAVENPORT FL 33837	<input checked="" type="checkbox"/>	D Sonnie Prevatt	1425 Johns Avenue	Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: \_\_\_\_\_ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01

863 422-4551

Date

Daytime Phone #

CR2E037 (10/00)