

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90059 028 ****61.25

DOCUMENT # 740728

1. Entity Name

THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

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	DP	<input type="checkbox"/> Delete
NAME	ROCKER, DAVID E.	
STREET ADDRESS	411 NORTH BLVD W.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, STEVE	
STREET ADDRESS	116 TERRACE DR	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CONLEY, WENDELL	
STREET ADDRESS	LAGO VISTA COURT	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDER, LEE	
STREET ADDRESS	627 POWER LINE RD	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CHUMNEY, MILDRED	
STREET ADDRESS	EAST LEMON STREET	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVATT, SONNIE	
STREET ADDRESS	1425 JOHNS AVENUE	
CITY-ST-ZIP	HAINES CITY FL 33844	

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	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____

DAVID E. ROCKER
 Signature, typed or printed name of registered agent and title if applicable.

1/13/02

863 422-4542

Date

Daytime Phone #

CR2E037 (9/01)