


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

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90114 040 \*\*\*\*61.25

**DOCUMENT # 740728**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**MAPLE STREET WEST**      **MAPLE STREET WEST**  
**PO BOX 685**      **PO BOX 685**  
**DAVENPORT FL 33837**      **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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	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	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2. 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 an other like empowered.

**SIGNATURE:** *David E. Rocker* **REQUIRED**      1/18/03      863 422-4542

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)