2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am § Secretary of State **DOCUMENT # 743764** 1. Entity Name 04-11-2002 90676 001 ****61.25 FIRST BAPTIST CHURCH OF DEERFIELD BEACH, INC. Mailing Address Principal Place of Business 701 N.E. 2ND STREET 701 N.E. 2ND STREET DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0806969 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DEVITT, MARK 612 SE 7TH AVE **DEERFIELD BEACH FL 33441** City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** अक्षा र कार OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME DUGMORE, KEN NAME STREET ADDRESS STREET ADDRESS 904 SE 15TH CT CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33441 Delete **Addition** TITLE Change NAME NAME RICE, JAMES JR STREET ADDRESS STREET ADDRESS 1173 SE 1ST TERR CITY-ST-ZIP CITY-ST-ZIP DEERFIELD-BEACH-FI-33441 ☐ Addition TITLE Delete TITLE NAME NAME CAGLE, CLEATUS STREET ADDRESS STREET ADDRESS 448 NE 8TH TERR CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33486 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME DEVITT, MARK STREET ADDRESS STREET ADDRESS 612 SE 7TH AVE CITY-ST-7IF CITY-ST-ZIP DEERFIELD BEACH EL 33441 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME WILSON, LARRY STREET ADDRESS STREET ADDRESS 9611 NW 4 ST. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.