


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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90123 006 ****61.25

DOCUMENT # 747759

1. Entity Name
FIRST BAPTIST CHURCH OF GENEVA, FLORIDA, INC.



Principal Place of Business Mailing Address

**325 FIRST ST.
P. O. BOX 350
GENEVA FL 32732** **325 FIRST ST.
P. O. BOX 350
GENEVA FL 32732**

10010090



CHECK HERE IF MAKING CHANGES

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 **59-2181405** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCINTOSH, KENNETH W.
200 W FIRST ST.
SANFORD FL 32771**

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	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRED	
STREET ADDRESS	280 3RD ST	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, BOB	
STREET ADDRESS	1200 APACHE ST	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALBERT, DAVE	
STREET ADDRESS	1115 ARAPAHO TRAIL	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, JOE LEE	
STREET ADDRESS	4293 CYPRESS BEND	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRAZIER, JEFF	
STREET ADDRESS	411 RACoon TRl P.O. BOX 1401	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: *SIGNATURE REQUIRED* Trustee 2-5-03 407-349-5411

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

CR2E037 (10/02)