

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91009 030 ****70.00

UBR04070

DOCUMENT # 747892

1. Entity Name

FIRST BAPTIST CHURCH OF FT. MCCOY, INC.



Principal Place of Business

11350 NE HWY 316
FORT MC COY FL 32134-0480
US

Mailing Address

P.O. BOX 480
FT. MCCOY FL 32134-0480
US

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 **59-2125975**

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

7. Name and Address of New Registered Agent

PRITCHARD, SAM
15307 NE 146TH COURT
FT MCCOY FL 32134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	STARLING, EARL	
STREET ADDRESS	3235 NE 160TH ST	
CITY-ST-ZIP	CITRA FL 32113	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRITCHARD, SAM	
STREET ADDRESS	15307 NE 146TH COURT	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAILEY, RICHARD	
STREET ADDRESS	23141 NE 112TH CT	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOOLSBY, RICHARD	
STREET ADDRESS	170 ALMOND ROAD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sam Pritchard* **SAM PRITCHARD** **Sam Pritchard** **4/2/03 (352) 236-5564**

CR2E037 (10/02)