

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748343

1. Entity Name

FIRST BAPTIST CHURCH OF ST. MARKS, FLORIDA, INC.

Principal Place of Business

14 SHELL ISLAND RD
ST MARKS FL 32355
US

Mailing Address

P O BOX 295
ST MARKS FL 32355
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2369448

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, MIKE
ATTORNEY AT LAW
3047 CRAWFORDVILLE HWY
CRAWFORDVILLE FL 32327

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.

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

TITLE D
NAME WARD, EDWARD (DEACON)
STREET ADDRESS 18 TALL PINE LANE
CITY-ST-ZIP CRAWFORDVILLE FL ☐ Delete

TITLE D
NAME LAMBERT, BILL (DEACON)
STREET ADDRESS 18 HARRELL LANE
CITY-ST-ZIP CRAWFORDVILLE FL ☐ Delete

TITLE PD
NAME CHUNN, JAMES
STREET ADDRESS 14 SHELL ISLAND ROAD
CITY-ST-ZIP ST. MARKS FL ☐ Delete

TITLE S
NAME FIELD, GAIL
STREET ADDRESS BOX 275, SHELL ISLAND RD., #210
CITY-ST-ZIP ST. MARKS FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90079 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)