

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

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90140 019 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

Name **DAVID FIELD**

Street Address (P.O. Box Number is Not Acceptable)

**210 Shell Island Road**

City **St. Marks**

**FL**

Zip Code

**32355**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-14-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **MOORE, W.L. (MOORE)**  
CITY-ST-ZIP **P.O. Box 1503  
Crawfordville, FL 32326**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**DAVID FIELD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-14-03 850-925-6478**

CR2E037 (10/02)