

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90188 037 \*\*\*\*61.25

**DOCUMENT # 750491**

1. Entity Name

**FT. GREEN BAPTIST CHURCH, INC.**

Principal Place of Business

**2875 BAPTIST CHURCH RD.  
BOWLING GREEN FL 33834  
US**

Mailing Address

**2875 BAPTIST CHURCH RD.  
BOWLING GREEN FL 33834  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2339367**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**RAWLS, SAM  
2727 ST. RD. 62  
BOWLING GREEN FL 33834**

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** ☐ Delete  
NAME **RAWLS, SAM**  
STREET ADDRESS **2727 ST. RD. 62**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**TITLE **TD** ☐ Delete  
NAME **ALBRITTON, PATRICIA**  
STREET ADDRESS **1265 KNOLLWOOD CIRCLE**  
CITY-ST-ZIP **WAUCHULA FL 33873**TITLE **SD** ☐ Delete  
NAME **COOPER, RILLA**  
STREET ADDRESS **3645 HENDRY RD.**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**TITLE **PD** ☐ Delete  
NAME **SASSER, DENNIS**  
STREET ADDRESS **4595 PRINGLE RD.**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**TITLE **VD** ☐ Delete  
NAME **CHANCEY, LEE**  
STREET ADDRESS **5259 OLLIE ROBERTS RD.**  
CITY-ST-ZIP **BOWLING GREEN FL 33834**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-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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

**4/30/02**  
Date

Daytime Phone #

CR2E037 (9/01)