

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752136

1. Entity Name

FIRST INDEPENDENT BAPTIST CHURCH OF PONCE DE LEO  
N, FLORIDA, INC.

Principal Place of Business

2879 SAMSON HWY  
PONCE DE LEON FL 32455

Mailing Address

HWY. 81 SOUTH  
P.O. BOX 226  
PONCE DE LEON FL 32455-0266

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

05-0011200

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

CARTER, FRANK  
RIVER RD.  
WESTVILLE FL 32464

Name

Larry E Coaker

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

Hwy 81 South

City

Ponce de Leon

FL

Zip Code

32435

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

*Larry E Coaker*

5-26-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME CARTER, FRANK (TRUSTEE) ☒ Delete  
STREET ADDRESS RIVER RD  
CITY-ST-ZIP WESTVILLE FL 32464

TITLE *Frank S Coaker D* ☐ Change ☒ Addition  
NAME *Larry E Coaker*  
STREET ADDRESS *Hwy 81 South*  
CITY-ST-ZIP *Ponce de Leon FL 32455*

TITLE ST  
NAME ENGLISH, STEVE ☒ Delete  
STREET ADDRESS HWY 181 SOUTH  
CITY-ST-ZIP WESTVILLE FL 32464

TITLE *David Ward D* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *6092 Co Hwy 181 E*  
CITY-ST-ZIP *Westville FL 32464*

TITLE D  
NAME PETERSON, MAXWELL ☐ Delete  
STREET ADDRESS HWY 181  
CITY-ST-ZIP WESTVILLE FL 32464

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

TITLE D  
NAME MOSS, HILTON ☐ Delete  
STREET ADDRESS 811 SOUTH 4TH ST  
CITY-ST-ZIP DEFUNIAK SPG FL 32433

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

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:

*Larry E Coaker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-02

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE