

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90029 020 ****61.25

DOCUMENT # 753484

1. Entity Name

FAITH BAPTIST CHURCH OF LAWTEY INC.

Principal Place of Business

**22493 PARK ST
 LAWTEY FL 32058
 US**

Mailing Address

**PO BOX 349
 LAWTEY FL 32058
 US**

974631



DO NOT WRITE IN THIS SPACE

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

**59 362 5245
 59-2871910**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MASSEY, WAYNE
 NORTH OLIVE ST.
 P.O. BOX 212
 LAWTEY FL 32058**

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 **DT** ☐ Delete
 NAME **MASSEY, WAYNE**
 STREET ADDRESS **P O BOX 212 N OLIVE**
 CITY-ST-ZIP **LAWTEY, FL 0**

TITLE **D** ☐ Delete
 NAME **SULLIVAN, RICHARD**
 STREET ADDRESS **PO BOX 1238 - 343 WALNUT ST.**
 CITY-ST-ZIP **STARKE FL**

TITLE **DTP** ☒ Delete
 NAME **MASSEY, WAYNE**
 STREET ADDRESS **PO BOX 212 N OLIVE**
 CITY-ST-ZIP **LAWTEY FL**

TITLE **DS** ☐ Delete
 NAME **JORDAN, MICHAEL**
 STREET ADDRESS **RT 1 BOX 744 N/A**
 CITY-ST-ZIP **STARKE FL**

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
 NAME **DP... Christopher W. Burke**
 STREET ADDRESS **RT. 4 BOX 536**
 CITY-ST-ZIP **STARKE FL 32091**

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

TITLE ☐ Change ☐ Addition
 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: **Wayne E. Massey** **Wayne E. Massey** 4/29/01 904 782-3415

CR2E037 (10/00)