

2002 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-23-2002 90005 034 ****61.25

DOCUMENT # 753484

1. Entity Name

FAITH BAPTIST CHURCH OF LAWTEY INC.

Principal Place of Business

22433 PARK ST
 LAWTEY FL 32058
 US

Mailing Address

PO BOX 349
 LAWTEY FL 32058
 US

94897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3625245

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name **MASSEY, WAYNE**
 Street Address (P.O. Box Number is Not Acceptable)
22814 OLIVE ST
PO Box 212
 City **Lawtey** **FL** Zip Code **32058**

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 **Wayne Massey, DPT**

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

(NOTE: Registered Agent signature required when reinstating)

6/10/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	DY MASSEY, WAYNE P O BOX 212 N OLIVE LAWTEY, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, RICHARD PO BOX 1238 - 343 WALNUT ST. STARKE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JORDAN, MICHAEL RT 1 BOX 744 N/A STARKE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURKE, CHRISTOPHER W RT 4 BOX 536 STARKE FL 32091	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP MASSEY, WAYNE PO-BOX 212 N. olive LAWTEY, FL 32058	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a power like empowered.

SIGNATURE: **Wayne Massey** **4-30-02** **904 782 3415**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)