## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## **FILED** Mar 11, 2002 8:00 am Secretary of State **DOCUMENT # 756437** 1. Entity Name BAPTIST MISSIONS TO FORGOTTEN PEOPLES, INC. 03-11-2002 90038 028 \*\*\*\*61.25 Principal Place of Business Mailing Address P O BOX 37043 541 PERMENTO AVENUE JACKSONVILLE FL 32236 JACKSONVILLE FL 32220 2. Principal Place of Business 3. Mailing Address 3787 Old Middleburg DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite #2 4. FEI Number Applied For City & State City & State 59-2113497 Jacksonville Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired A ک ن 37710 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kobert J -HUISIngal (P.O.Box Number is Net Acceptable) HUISINGAOU, ROBERT J 8210 SPENCERS TRC DR JACKSONVILLE FL 32224 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. 2/20/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ٧, FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE TITLE Delete ALDERMAN, MAX NAME NAME STREET ADDRESS STREET ADDRESS 151 NORTHSIDE DRIVE EAST CITY-ST-ZIP CITY-ST-ZIP STATESBORO GA ☐ Change ☐ Addition ☐ Delete TITLE TITLE POWELL, GARLAND C NAME NAME STREET ADDRESS STREET ADDRESS 2855 PARRISH CEMET. RD. CJTY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32220 PD . ... Change \_\_\_ Addition TITLE TITLE --- Delete ---Burge, Eugene M NAME BURGE, EUGENE M NAME 3787 old middleburg Rd - Suite HZ STREET ADDRESS STREET ADDRESS 589 RADNOT LN Jacksonville, FC 32210 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32221 Change ☐ Addition TITLE DS ☐ Delete TITLE Ross, William 3787 old middleburg Rd - Swite #2 NAME NAME ROSS, WILLIAM STREET ADDRESS STREET ADDRESS 541 PERMONT AVE Jacksonville, PL 32210 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32220 Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

2-26-2002904-783-4007