

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90097 041 ****61.25

DOCUMENT # 757446

1. Entity Name

FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.

Principal Place of Business

Mailing Address

**300 NORTH CENTRAL AVENUE
 PO BOX 583
 FLAGLER BCH. FL 32136**

**300 NORTH CENTRAL AVENUE
 PO BOX 583
 FLAGLER BCH. FL 32136**

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

59-2135261

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, MARY
 P. O. Box 2337
 103 S. 13th St.
 Flagler Beach, FL, 32136**

Name - **Mary Wallace**
 Street Address (P.O. Box Number is Not Acceptable)
4 FANWOOD COURT
P.O. BOX 2337, FLAGLER BCH 32136
 City **PALM Coast** **FL** Zip Code **32137**

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 *Mary Wallace*

3/28/01

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.

NO

\$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	D CORN, IRVING	<input type="checkbox"/> Delete
STREET ADDRESS	250 SEABREEZE DRIVE	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE NAME	D SMITH, CRAIG	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2A SUNSET BLVD	
CITY-ST-ZIP	ORMOND FL 32176	
TITLE NAME	ST LANIGAN, TERRI L	<input type="checkbox"/> Delete
STREET ADDRESS	805 N. HWY A1A, APT. 1, P.O. BOX 1013	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE NAME	D KEYS, LEONARD	<input type="checkbox"/> Delete
STREET ADDRESS	77 MERRIMAC DRIVE	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE NAME	ST WALLACE, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	103 S. 13th St. P. O. Box 2337	
CITY-ST-ZIP	Flagler Beach, FL, 32136	
TITLE NAME	MELTON, LEONARD T	<input type="checkbox"/> Delete
STREET ADDRESS	310 N 5TH ST	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	ST CRAMER, JACKIE M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	45 BULOW WOODS CIRCLE	
CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *LEONARD T. MELTON*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2001

386-439-3834

Date

Daytime Phone #

CR2E037 (10/00)