

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 757446

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2135261      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLACE, MARY  
4 FANWOOD COURT  
P O BOX 2337 FAGLER BCH 32136  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CORN, IRVING  
Address: 250 SEABREEZE DRIVE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ST ( ) Delete  
Name: CRAMER, JACKIE M  
Address: 45 BULOW WOODS CIRCLE  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: ST ( ) Delete  
Name: LANIGAN, TERRI L.  
Address: 805 N. HWY A1A, APT. 1, P.O. BOX 1013  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D ( ) Delete  
Name: KEYS, LEONARD  
Address: 77 MERRIMAC DRIVE  
City-St-Zip: FLAGLER BEACH, FL

Title: ST ( ) Delete  
Name: WALLACE, MARY  
Address: 108 S. 13TH ST, P.O. BOX 2337  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: P ( ) Delete  
Name: MELTON, LEONARD T  
Address: 310 N 5TH ST  
City-St-Zip: FLAGLER BEACH, FL 32136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WALLACE

ST

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date