

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90187 008 \*\*\*\*61.25

0000787

**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



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2135261**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Wallace, Mary**

Street Address (P.O. Box Number is Not Acceptable)  
**26 FLEMING CT**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**-10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORN, IRVING 250 SEABREEZE DRIVE FLAGLER BEACH FL 32136</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CRAMER, JACKIE M 45 BULOW WOODS CIRCLE FLAGLER BEACH FL 32136</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LANIGAN, TERRI L 805 N. HWY 1A, APT. 1, P.O. BOX 1013 FLAGLER BEACH FL 32136</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEYS, LEONARD 77 MERRIMAC DRIVE FLAGLER BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST WALLACE, MARY 108 S. 13TH ST, P.O. BOX 2337 FLAGLER BEACH FL 32136</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MELTON, LEONARD T 310 N 5TH ST FLAGLER BEACH FL 32136</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	<b>ST CURNEE, STELLA</b>	<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	<b>ST WALLACE, MARY 4 FANWOOD COURT 26 FLEMING CT. PALM COAST, FL 32137</b>	<input checked="" 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)(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:** *Jackie M. Cramer*      **SIGNATURE REQUIRED**      Jackie M. Cramer      8-27-03      386-489-3834

CR2E037 (4/03)