

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762311

1. Entity Name

FIRST BAPTIST CHURCH OF TRENTON, INC.

Principal Place of Business

Mailing Address

HWY. 26 AT N.E. 2ND ST.
P. O. BOX 293
TRENTON FL 32693

HWY. 26 AT N.E. 2ND ST.
P. O. BOX 293
TRENTON FL 32693

2. Principal Place of Business

HWY 26 @ N.E. 2nd St.

3. Mailing Address

P.O. Box 293

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Trenton, FL

City & State

Trenton, FL

Zip

32693

Country

Gilchrist

Zip

32693

Country

Gilchrist

4. FEI Number

59-1437448

Applied For

Not Applicable

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

BUSH, WILBUR C.
402 S.W. 5TH AVE.
TRENTON FL 32693

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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. ☐

\$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	SD BRADLEY, CLIFTON HWY 26 WEST TRENTON, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, LOIS SO OF HWY 26 TRENTON, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, WILBUR C. 402 S.W. 5TH AVENUE TRENTON FL	<input 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		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Wilbur C. Bush WILBUR C. BUSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 352-4632038

Date Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90226 011 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)