

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90085 026 \*\*\*\*61.25

**DOCUMENT # 764148**

1. Entity Name  
**FIRST BAPTIST CHURCH OF CLEVELAND, INC.**

Principal Place of Business      Mailing Address  
**6600 CLEVELAND DR.**      **6600 CLEVELAND DR.**  
**PUNTA GORDA FL 33982**      **PUNTA GORDA FL 33982**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2171934</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ROPKE, F.W. CARL</b> <b>3709 DAWSON LANE</b> <b>PUNTA GORDA FL 33982</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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: *F.W. Carl Ropke III*      DATE: 4/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROPKE, F.W. CARL</b> <b>3709 DAWSON LN</b> <b>PUNTA GORDA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WESSEL, HERMAN</b> <b>1478 NAVIGATOR ROAD</b> <b>PORT CHARLOTTE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DOUGLAS, CYNDIE</b> <b>10260 SW RIVERVIEW CIRCLE</b> <b>PORT CHARLOTTE FL 33955</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Lorraine Brower</i> <i>470 Rio Vista Av</i> <i>Punta Gorda FL 33982</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROLLI, DUANE</b> <b>6550 PINWOOD CIR</b> <b>PUNTA GORDA FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PARRISH, DON</b> <b>28540 ROYAL PALM DR</b> <b>PUNTA GORDA FL 33982</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Gene Connell</i> <i>2462 S.W. Lois Av.</i> <i>Arcadia, FL.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TOLBERT, DANIEL</b> <b>257 NORTH VIEW</b> <b>PT CHARLOTTE FL</b> <input type="checkbox"/> Delete	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: *F.W. Carl Ropke III*      DATE: 4/24/02      DAYTIME PHONE #: (941) 637-1715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)