

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

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90126 040 \*\*\*\*61.25

**DOCUMENT # 766671**

1. Entity Name

**FIRST FREE WILL BAPTIST CHURCH OF PALM BAY, INC.**



Principal Place of Business

**7455  
PALM BAY FL 32907  
US**

Mailing Address

**1181 LAMP LIGHTER DR., NW  
PALM BAY FL 32907  
US**

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 **59-3559593**

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

**BURGER, RONALD  
2734 FOUNTAIN HEAD BLVD  
MELBOURNE FL 32935**

Name

**Thompson, Bobby**

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

**1398 Cindy Circle N.E**

City

**Palm Bay**

FL

Zip Code

**32905**

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 **Bobby Thompson**

**3-2-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURGER, RONALD</b>	
STREET ADDRESS	<b>2734 FOUNTAIN HEAD BLVD</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPPELL, GARY</b>	
STREET ADDRESS	<b>2129 TAPPAN ZEE LANE NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PASTEL, MAT T</b>	
STREET ADDRESS	<b>300 WOODLAKE DR NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILES, JOHN</b>	
STREET ADDRESS	<b>1181 LAMPLIGHTER DR.</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, DOROTHY</b>	
STREET ADDRESS	<b>2020 HANES RD SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, BOBBY</b>	
STREET ADDRESS	<b>1398 CINDY CIRCLE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thompson, Bobby</b>	
STREET ADDRESS	<b>1398 Cindy Circle</b>	
CITY-ST-ZIP	<b>Palm Bay, FL 32905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FANNIN, Leo</b>	
STREET ADDRESS	<b>5318 2nd Ave, S.E</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32962</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Petty, Bobby</b>	
STREET ADDRESS	<b>2608 Brandywine Lane</b>	
CITY-ST-ZIP	<b>West Melbourne, FL 32907</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **SIGNATURE REQUIRED Bobby Thompson 3-2-03 321-676-5591**

CR2E037 (10/02)