

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-23-2002 90006 019 \*\*\*\*61.25

**DOCUMENT # N00000003065**

1. Entity Name

**FIRST BAPTIST CHURCH OF GREENVILLE INC.**

Principal Place of Business

**HWY 90 AND LEGGETT STREET  
 GREENVILLE FL 32331  
 US**

Mailing Address

**RT 2 BOX 193-C  
 GREENVILLE FL 32331  
 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

**59-3251850**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLBROOK, PHILLIP D  
 NORTH HWY.221,RT.2 BOX 193-C  
 GREENVILLE FL 32331**

7. Name and Address of New Registered Agent

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLBROOK, PHILLIP</b>	
STREET ADDRESS	<b>N HWY 221 RT 2, BOX 193-C</b>	
CITY-ST-ZIP	<b>GREENVILLE FL 32331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THIGPEN, BERT</b>	
STREET ADDRESS	<b>N HWY 221 RT 2, BOX 147</b>	
CITY-ST-ZIP	<b>GREENVILLE FL 32331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RENFROE, BILL</b>	
STREET ADDRESS	<b>N HWY 221 RT 3 BOX 30-A</b>	
CITY-ST-ZIP	<b>GREENVILLE FL 32331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FITZGERALD, CECIL</b>	
STREET ADDRESS	<b>S GRAND ST PO.BOX 417</b>	
CITY-ST-ZIP	<b>GREENVILLE FL 32331</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUTCHERSON, VICTOR</b>	
STREET ADDRESS	<b>RT 1 BOX 485 HWY 14</b>	
CITY-ST-ZIP	<b>MADISON FL 32341</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, JOHN S</b>	
STREET ADDRESS	<b>N HWY 221 RT 3 BOX 33A</b>	
CITY-ST-ZIP	<b>GREENVILLE FL 32331</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
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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:** *Phillip D. Holbrook* **PHILLIP D. HOLBROOK, P.O.** 05/01/2002 950-948-2481  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)