## **FILED** 2003 NOT-FOR-PROFIT CORPORATION May 02, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N0000003065 05-02-2003 90734 043 \*\*\*\*61.25 FIRST BAPTIST CHURCH OF GREENVILLE INC. Principal Place of Business Mailing Address HWY 90 AND LEGGETT STREET RT 2 BOX 193-C GREENVILLE FL 32331 GREENVILLE FL 32331 3. Mailing Address R+ 3 Bo 2. Principal Place of Business 30 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3251850 City & State Applied For een ville Not Applicable Zip Country Country V.5. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK, PHILLIP D Street Address (P.O. Box Number is Not Acceptable) NORTH HWY.221,RT.2 BOX 193-C **GREENVILLE FL 32331** ВОХ RPENUILLE 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition Delete TITLE LEROY BLOUNT GREENVITE, FL NHWY 221 R+2 32331 D Change Moddition HOLBROOK, PHILLIP NAME NAME STREET ADDRESS STREET ADDRESS N HWY 221 RT 2, BOX 193-C CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE FL 32331** ☐ Delete ELIJAH RENFROE GREENVILLE, FL N HUY ZZI RE3BOX-30=4 32331 THIGPEN, BERT NAME STREET ADDRESS STREET ADDRESS N HWY 221 RT 2, BOX 147 CITY-ST-ZIP **GREENVILLE FL 32331** CITY - ST - ZIP TITLE TITLE ☐ Delete DAUID Jesse NHWY 222 Rt3 Box 30 RENFROE, BILL NAME NAME STREET ADDRESS N HWY 221 RT 3 BOX 30-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENVILLE FL 32331** TITLE TITLE Delete FITZGERALD, CECIL NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

S GRAND ST PO BOX 417

**GREENVILLE FL 32331** 

**HUTCHERSON, VICTOR** 

RT 1 BOX 485 HWY 14

N HWY 221 RT 3 BOX 33A

GREENVILLE FL 32331

MADISON FL 32341

PARKER, JOHN S

Delete

Delete

Change

Change

☐ Addition

Addition