

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005272

1. Entity Name

**BEREAN BAPTIST CHURCH OF PUTNAM COUNTY, INC.**

Principal Place of Business

Mailing Address

~~510 RIVER ST.~~  
PALATKA FL 32177

~~510 RIVER ST.~~  
PALATKA FL 32177

2. Principal Place of Business

2715 President St.

3. Mailing Address

2715 President St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Palatka FL

Zip

32177

Country

USA

Zip

32177

Country

USA

4. FEI Number

59-3234978

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

**DOWNING, SCOTT G**  
**509 MOSELEY AVE.**  
**PALATKA FL 32177**

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 ☐ Delete  
NAME **D CALHOUN, DAVID M**  
STREET ADDRESS **510 RIVER ST.**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☒ Change ☐ Addition  
NAME **D CALHOUN, DAVID M**  
STREET ADDRESS **215 HOLLY LANE**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete  
NAME **D ADAMS, MICHAEL A**  
STREET ADDRESS **510 RIVER ST.**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☒ Change ☐ Addition  
NAME **D ADAMS, MICHAEL A**  
STREET ADDRESS **211 OLD PENIEL ROAD**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete  
NAME **D KILPATRICK, PAUL M**  
STREET ADDRESS **510 RIVER ST.**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☒ Change ☐ Addition  
NAME **D KILPATRICK, PAUL M**  
STREET ADDRESS **117 LONE OAK TRAIL**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *David M. Calhoun* **DAVID M. CALHOUN**

01/25/02

(386) 326-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)