


04-28-2003 91330 005 \*\*\*\*61.25

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

**DOCUMENT # N01000007213**

1. Entity Name  
**ADVENTURE BAPTIST CHURCH, INC.**



Principal Place of Business  
 1915 DALE ST.  
 TALLAHASSEE, FL 32310

Mailing Address  
 1915 DALE ST.  
 TALLAHASSEE, FL 32310

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3760264**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VOWELL, CHRISTIAN D**  
**8522 TWIN LAKES LN.**  
**TALLAHASSEE, FL 32311**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW FEES \$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 NAME  Delete  
**COXWELL, DENNIS L**

STREET ADDRESS  
**4519 FOXCROFT DR.**

CITY-ST-ZIP  
**TALLAHASSEE, FL 32309**

TITLE NAME  Change  Addition  
**Dennis Coxwell**

STREET ADDRESS  
**1203 Richview Rd**

CITY-ST-ZIP  
**Tallahassee, FL 32301**

TITLE NAME  Delete  
**DARNELL, LARRY**

STREET ADDRESS  
**1924 LONG VIEW DR.**

CITY-ST-ZIP  
**TALLAHASSEE, FL 32303**

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete  
**BENNETT, CARL**

STREET ADDRESS  
**6034 REDFIELD CIR.**

CITY-ST-ZIP  
**TALLAHASSEE, FL 32311**

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete  
**VOWELL, CHRISTIAN D**

STREET ADDRESS  
**8522 TWIN LAKES LN.**

CITY-ST-ZIP  
**TALLAHASSEE, FL 32311**

TITLE NAME  Change  Addition  
**Christian D. Vowell**

STREET ADDRESS  
**8522 Clear Lake Ln**

CITY-ST-ZIP  
**Tallahassee, FL 32311**

TITLE NAME  Delete  
**RAINS, SCOTT**

STREET ADDRESS  
**1443 CANE RD.**

CITY-ST-ZIP  
**TALLAHASSEE, FL 32310**

TITLE NAME  Change  Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME  Delete  
**FR Bonnie Lawhon**

STREET ADDRESS  
**2160 Byron Circle**

CITY-ST-ZIP  
**Tallahassee FL 32308**

TITLE NAME  Change  Addition  
**FR Bonnie Lawhon**

STREET ADDRESS  
**2160 Byron Circle**

CITY-ST-ZIP  
**Tallahassee, FL 32308**

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 fee empowered.

SIGNATURE: \_\_\_\_\_ Date **4/27/03** Daytime Phone # **576-9222**

CR2E037 (10/02)