

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90081 020 ****61.25

DOCUMENT # N01921

1. Entity Name

FLORIDA BAPTIST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1839 JACLIF COURT
 DAVID SOUTHERLAND
 TALLAHASSEE FL 32308
 US**

**1839 JACLIF COURT
 DAVID SOUTHERLAND
 TALLAHASSEE FL 32308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1641294

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOUTHERLAND, J. DAVID
 1839 JACLIF COURT
 TALLAHASSEE FL 32308**

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	TD	<input type="checkbox"/> Delete
NAME	ROLAND, WILLIAM	
STREET ADDRESS	924 N GADSDEN ST	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRINER, ALAN	
STREET ADDRESS	4808 CARNWATH RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, FRED	
STREET ADDRESS	912 MICCOSUKEE RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DM	<input type="checkbox"/> Delete
NAME	SOUTHERLAND, J. DAVID	
STREET ADDRESS	1839 JACLIF COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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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: *David Southerland* 1/9/02 850 877 7600

CR2E037 (9/01)