

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

AMEND

APPROVED
AND
FILED

02 OCT 11 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *No 1921*

1. Entity Name
Florida Baptist Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1839 Jaclif Ct.
Suite, Apt. #, etc.

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

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL

City & State

4. FEI Number
59-1641294
Applied For
Not Applicable

Zip
32308
Country
Leon

Zip
Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
J. David Southerland
Street Address (P.O. Box Number is Not Acceptable)
1839 Jaclif Ct.

City
Tallahassee FL Zip Code
32308

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cecil Davis 1839 Jaclif Ct, Talla 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tim Ireland, 1839 Jaclif Ct. Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000000440151 10/19/02-01002-022 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jerry Leonard 1839 Jaclif Ct. Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: *J. David Southerland* 10/10/02

CR2E037B (12/01)