

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-08-2003 90066 030 ****61.25

DOCUMENT # N02000006233

1. Entity Name

FIRST BAPTIST CHURCH OF HOWEY IN THE HILLS, INC.



Principal Place of Business

P.O. BOX 545
GROVELAND FL 34736

Mailing Address

P.O. BOX 545
GROVELAND FL 34736

2. Principal Place of Business

7408 EDGEWOOD BOYS RANCH RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

GROVELAND FL.

City & State

Zip Country
34736 USA

Zip

Country

4. FEI Number

43-1969716

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARE, BOBBY J
P.O. BOX 545
GROVELAND FL 347367408 EDGEWOOD BOYS RANCH RD
GROVELAND FL 34736

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

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 FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ DeleteNAME WARE, BOBBY J
STREET ADDRESS 7408 EDGEWOOD BOYS RANCH ROAD
CITY-ST-ZIP GROVELAND FL 34736TITLE D ☐ DeleteNAME WARE, SAMINDER K
STREET ADDRESS 7408 EDGEWOOD BOYS RANCH ROAD
CITY-ST-ZIP GROVELAND FL 34736TITLE D ☐ DeleteNAME RITCHIE, REBECCA
STREET ADDRESS 9508 SPRING LAKE DRIVE
CITY-ST-ZIP CLERMONT FL 34711TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

Booby J. Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03

Date

3524290233

Daytime Phone #

CR2E037 (10/02)