## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 28, 2001 8:00 am Secretary of State DOCUMENT # N02489 1. Entity Name 2-28-2001 90106 007 \*\*\*\*61.25 THE FIRST BAPTIST CHURCH OF MACCLENNY, INC. Principal Place of Business Mailing Address P O BOX 391 P O BOX 391 MACCLENNY FL 32063-7391 MACCLENNY FL 32063-7391 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6044674 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FISH, HUGH D., JR. 34 SOUTH FIFTH STREET MACCLENNY FL 32063 City Zip Code FL 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD CR2E037 (10/00) TITLE Delete TITLE Change Addition NAME FISER, CONARD NAME STREET ADDRESS 552 JONATHAN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL ☐ Addition ☐ Delete Change TITLE TITLE NAME LAMBRIGHT, R.I. STREET ADDRESS 212 S COLLEGE ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MACCLENNY FL SECRETARY /CLERK BRENDA CREWS Delete Addition Change TITLE TITLE NAME **GUNNELLS, ROY** NAME RT2 BOX 2402 STREET ADDRESS STREET ADDRESS RT. 15, BOX 115 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE TD ☐ Delete TITLE NAME KENNEDY, JOHN STREET ADDRESS STREET ADDRESS P. O. BOX 209 N/A CITY-ST-ZIP CITY-ST-ZIP GLEN ST MARY FL TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 12. Thereby 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-82-2001

904-259-2933

FILED