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

DOCUMENT # N02489

1. Entity Name

THE FIRST BAPTIST CHURCH OF MACCLENNY, INC.



FILED Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90191 016 ****61.25

						900 W	VE TRE					
P O BOX 391 P O				Mailing Address O BOX 391 ACCLENNY FL 32063-7391				1 1 8 8 13 18 7 8 14	88(18 11911 81821 1811	IB IBII BIBII BIBII	O (OLI BIDI) OI	D): B) D) ()
2. Principal Place of Business 3. Ma				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number	59-6044674		- 	pplied For ot Applicable
Zip Country			Zip	Zip Coui			5. Certificate of Status Des			\$9.75 Additional		
	6. Name and	Registered	ed Agent				7. Name and Address of New Registered Agent					
						Name						
FISH, HUGH D., JR. 34 SOUTH FIFTH STREET						Street Address (P.O. Box Number is Not Acceptable)						
MACCLENNY FL 32063				City						Zip Cod	le.	
				•		City				FL	2 ip Cou	16
	e named entity su tions of registered	bmits this statement for d agent.	r the purpo	se of changing its	registere	d office o	r registere	ed agent, or both,	in the State of Fl	orida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or pri	inted name of registered agent a	and title if applic	cable. (NOTE	: Registered	Agent signat	ture required v	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 Florida Department of State				
10.		OFFICERS AND DIR	RECTORS		11.		A	DDITIONS/CHAN	 IGES TO DEFICE	RS AND DIR	CTORS IN	1 10
	PD			☐ Delete	TITLE		T		.020 10 011101		☐ Change	Addition
NAME	Æ FISER, CONARD											
STREET ADDRESS 552 JONATHAN				STREE								}
CITY-ST-ZIP				CIT								
TITLE	VD			☐ Delete	TITLE						Change	☐ Addition
NAME	LAMBRIGHT, R.I.											
STREET ADDRESS	DRESS 212 S COLLEGE ST			STRE								
CITY-ST-ZIP	MACCLENNY FL			cin								į
TITLE	TD		-	☐ Delete	-TITLE					مهمختمون	Change	☐ Addition
NAME	Kennedy, Jo	HN			NAME							
STREET ADDRESS	P. O. BOX 209	9 N/A			STREE	T ADDRESS					•	
CITY-ST-ZIP	GLEN ST MAP	ry fl			ÇITY-	ST-ZIP						Ì
TITLE	SC			Delete	TITLE		5C	_			Change Addre	Addition
NAME	CREWS, BREN	ND A		C-4	NAME		Creu	us, Brend	da		addre	55
STREET ADDRESS	RT 2 BOX 2402			STREET ADDRES			1451	rews, Brenda address 4519 Bob Burnsed Rd len St. Mary, FL 32040				
CITY-ST-ZIP	GLEN SAINT !	MARY FL 32040			CITY-	ST-ZIP	Glen	St. Mary,	FL 3204	0		}
TITLE				☐ Delete	TITLE			•			Change	☐ Addition
NAME					NAME						-	
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						}
TITLE				☐ Delete	TITLE						Change	☐ Addition
NAME				55.565	NAME							
STREET ADDRESS	<u>.</u>					T ADDRESS						}
CITY-ST-ZIP						ST-ZIP						
12. I hereby c	certify that the info	ormation supplied with	this filina d	loes not qualify for	the exen	nption stat	ted in Sec	tion 119.07(3)(i)	Florida Statutes	I further certif	v that the in	nformation

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: