

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-05-2002 90049 027 ****43.75
 04-07-2002 90075 006 ****26.25

DOCUMENT # N08335
 1. Entity Name
FIRST BAPTIST CHURCH OF ARGYLE, INC.

Principal Place of Business 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244	Mailing Address 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244
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2. Principal Place of Business same	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State FL
Zip 32244	Country Duval
Country USA	Zip 32244

4. FEI Number 59-2452062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GAY, DENNIS ;
8573 ECHORIDGE CT
JACKSONVILLE FL 32244

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MASSICOTTE, PHIL 6332 MISTWOOD CIRCLE NORTH JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEADOWS, JOHN 7803 CINNOMON CT JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAY, DENNIS 8573 ECHORIDGE CT JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUNTER, HAL 934 SHORTRIDGE CT ORANGE PARK FL 32085 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Hal Hunter 934 Shortridge Ct. Orange Park, FL 32065 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KEITH CRAIG 7975 MALTA CT JACKSONVILLE FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Joseph M. Williamson 4615 Early Rise Lane Jacksonville, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hal Hunter **HAL HUNTER** **2-11-02** **904 737 5334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)