

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

FILED N08424

02 SEP 16 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N08424*

1. Entity Name

First Baptist Church of *DUNEDIN, INC*

DO NOT WRITE IN THIS SPACE

98661

2. Principal Place of Business
500 Wood Street

3. Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dunedin Florida

City & State

4. FEI Number
59-0830738

Applied For
Not Applicable

Zip
34698

Country
Pinellas

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
Daniel Giltner

Street Address (P.O. Box Number is Not Acceptable)
500 Wood Street

City Dunedin FL Zip Code 34698

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)

8/19/02
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	President Loyal Shuman 1062 Jackmar Road Dunedin FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary - Terry Morgan 2430 Harn Blvd, #6 Clearwater FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - Doris J Bethel 2538 Bramblewood Dr. E Clearwater FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee - Sam Compton 706 Robin Ave Palm Harbor FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee - O.J. Tooke 1089 Virginia St., Dunedin FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 700007810087 -09/17/02--01074 *****61.25*****
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Trustee DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CREATED BY 2001
5
2
25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Doris J Bethel Doris J. Bethel = Treasurer 727 733 3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/19/02