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

FILED N08424

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98661

DOCUMENT # N08424

1. Entity Name
First Baptist Church of Dunedin, Inc

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
500 Wood Street	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dunedin Florida	City & State
Zip: 34698 Country: Pinellas	Zip / Country

4. FEI Number 59-0830738 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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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] 8/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
President Loyal Shuman 1062 Jackmar Road Dunedin FL 34698	Director
Secretary - Terry Morgan 2430 Harn Blvd,#6 Clearwater FL 33764	Director
Treasurer - Doris J Bethel 2538 Bramblewood Dr.E Clearwater FL 33763	Director/Trustee
Trustee - Sam Compton 706 Robin Ave Palm Harbor FL 34683	Trustee
Trustee - O.J. Tooke 1089 Virginia St., Dunedin FL 34698	Trustee

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Doris J. Bethel = Treasurer 727 733 3188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gt 9/16/02