

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-05-2001 90002 002 ***61.25
N09848

0012862

DOCUMENT # N09848

1. Entity Name

THE FIRST FREE WILL BAPTIST CHURCH OF HAINES CIT

Principal Place of Business

502 N. 30TH ST.
HAINES CITY FL 33845
US

Mailing Address

502 N. 30TH ST.
HAINES CITY FL 33845
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2834649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, RHONDA
225 N. 19TH ST
HAINES CITY FL 33844

Name DORIS Melvin

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

95 East Hampton dr

City Auburndale

FL

Zip Code 33823

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)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	PMD - PILKINGTON, CHESTER 709 WOOD LANE KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD - PILKINGTON, ALLIE 709 WOOD LANE KISSIMMEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD - WILLIAMS, BASIL 301 N. 23RD ST HAINES CITY FL 33844	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES - MITCHELL, RHONDA 225 N. 19TH ST. HAINES CITY FL 33844	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES DORIS Melvin 95 East Hampton drive Auburndale, FL 33823	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)