

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90306 040 ****61.25

DOCUMENT # N09848

1. Entity Name

THE FIRST FREE WILL BAPTIST CHURCH OF HAINES CITY, INC.

Principal Place of Business

Mailing Address

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

**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

**MELVIN, DORIS
 95 EAST HAMPTON DR
 AUBURNDALE FL 33823**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PMD** ☐ Delete
 NAME **PILKINGTON, CHESTER**
 STREET ADDRESS **709 WOOD LANE**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **PMD** ☒ Change ☐ Addition
 NAME **PILKINGTON, CHESTER**
 STREET ADDRESS **709 WOOD LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **TD** ☐ Delete
 NAME **PILKINGTON, ALLIE**
 STREET ADDRESS **709 WOOD LANE**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME **PILKINGTON, ALLIE**
 STREET ADDRESS **709 WOOD LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **VD** ☒ Delete
 NAME **WILLIAMS, BASIL**
 STREET ADDRESS **301 N. 23RD ST**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VD** ☐ Change ☒ Addition
 NAME **WILLIAMS, BASIL**
 STREET ADDRESS **301 N. 23RD ST**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **ES** ☐ Delete
 NAME **MELVIN, DORIS**
 STREET ADDRESS **95 EAST HAMPTON DRIVE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **D** ☐ Change ☒ Addition
 NAME **ROBERTS, JARIE**
 STREET ADDRESS **647 Ellison Parkway**
 CITY-ST-ZIP **Haines City, FL 33844**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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:

Chester Pilkington

4-18-02

407-677-6883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)