

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13979

FILED
Apr 28, 2003
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF FOUNTAIN, FLORIDA, BAY COUNTY, INC.

Current Principal Place of Business:

18906 HWY. 231
P O BOX 349
FOUNTAIN, FL 32438 US

New Principal Place of Business:

Current Mailing Address:

18906 HWY. 231
P O BOX 349
FOUNTAIN, FL 32438 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGROFF, HERVEY
18507 HWY 231
FOUNTAIN, FL 32438 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DAVIS, DENNIS
Address: 19711 DEEPSPRINGS RD
City-St-Zip: FOUNTAIN, FL 32438

Title: T () Delete
Name: NICHOLSON, NICK
Address: 12632 LINWOOD LANE
City-St-Zip: FOUNTAIN, FL 32438

Title: T () Delete
Name: DAVIS, DENNIS
Address: 19711 DEEP SPRINGS RD
City-St-Zip: FOUNTAIN, FL 32438

Title: T () Delete
Name: HAZELIP, HAROLD
Address: 17931 PARK PL
City-St-Zip: FOUNTAIN, FL 32438

Title: T (X) Delete
Name: FAIR, CANDY
Address: 23533 BLUEFOX RD
City-St-Zip: FOUNTAIN, FL 32438

Title: T (X) Delete
Name: HAZELIP, HAROLD
Address: 17931 PARK PL
City-St-Zip: FOUNTAIN, FL 32438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/S (X) Change () Addition
Name: SCHULTZ, LYNNE M
Address: 12315 COFFEE RD
City-St-Zip: FOUNTAIN, FL 32438

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE SCHULTZ

T/S

04/28/2003

Electronic Signature of Signing Officer or Director

_____ Date