

03-06-2002 90105 009 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17054

1. Entity Name

FIRST BAPTIST CHURCH OF ATLANTIC BEACH, INC.

Principal Place of Business

1050 MAYPORT ROAD
ATLANTIC BEACH FL 32233

Mailing Address

1050 MAYPORT ROAD
ATLANTIC BEACH FL 32233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1161109

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITEHEAD, EDWARD SR
317 SARGO RD
ATLANTIC BCH FL 32233**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Edward Whitehead

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07-31-02

DATE

After September 13, 2002,
min. will be \$238.25.

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	VPT	<input checked="" type="checkbox"/> Delete
NAME	ABNER, JESSE	
STREET ADDRESS	2291 LUANA DR E	
CITY-ST-ZIP	JACKSONVILLE FL 32248	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, FRED	
STREET ADDRESS	691 AMBERJACK LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, TONY SR.	
STREET ADDRESS	12540 CRASHAW	
CITY-ST-ZIP	JACKSONVILLE FL 32248	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	PRGS. SULLIVAN, FRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		691 AMBERJACK LANE	
CITY-ST-ZIP		ATLANTIC BEACH, FL 32233	
TITLE	D	V. PRGS. ABNER, JESSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		2291 LUANA DR E	
CITY-ST-ZIP		JACKSONVILLE, FL 32248	
TITLE	ST	ST. HOFFMAN, TONY SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		12540 CRASHAW RD.	
CITY-ST-ZIP		JACKSONVILLE, FL 32248	
TITLE	D	JAMES BAILEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		1088 CORNELL LANE #75	
CITY-ST-ZIP		ATLANTIC BEACH, FL 32233-3343	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED

Fred Sullivan 7-28-02

249-2956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (4/02)