
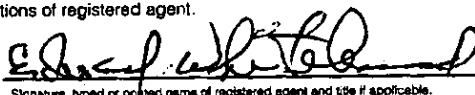
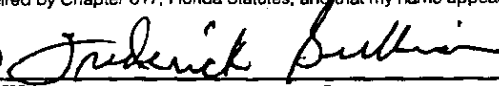


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

1/14

01-14-2003 90080 008 ****61.25

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			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1161109 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WHITEHEAD, EDWARD SR 317 SARGO RD ATLANTIC BCH FL 32233			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		DATE			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	DP <input type="checkbox"/> Delete	TITLE	pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SULLIVAN, FRED	NAME	SULLIVAN, FRED				
STREET ADDRESS	691 AMBERSACK LANE	STREET ADDRESS	691 AMBERSACK LANE				
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	CITY-ST-ZIP	ATLANTIC BEACH FL 32233				
TITLE	DVP <input type="checkbox"/> Delete	TITLE	v.pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ABNER, JESSE	NAME	ABNER, JESSE				
STREET ADDRESS	2291 LUANA DR E	STREET ADDRESS	2291 LUANA DR E				
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	JACKSONVILLE FL 32246				
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HOFFMAN, TONY SR.	NAME	BAILEY, JAMES				
STREET ADDRESS	13540 CRASHAW RD	STREET ADDRESS	1088 CORNELL LANE #75				
CITY-ST-ZIP	JACKSONVILLE FL 32246	CITY-ST-ZIP	ATLANTIC BEACH FL 32233-3343				
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE		TITLE					
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		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 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

CR2E037 (10/02)