

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90100 016 ****61.25

DOCUMENT # N18294
 1. Entity Name
FIRST BAPTIST CHURCH OF EAU GALLIE, INC.

| | |
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| Principal Place of Business 560 MONTREAL AVE MELBOURNE FL 32935 US | Mailing Address 560 MONTREAL AVE MELBOURNE FL 32935 US |
|--|--|

970435



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|--|--|
| 2. Principal Place of Business 1501 W. Eau Gallie Blvd. | 3. Mailing Address 1501 W. Eau Gallie Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|-------------------------------|-------------------------------|------------------------------------|--|
| City & State Melbourne, FL | City & State Melbourne, FL | 4. FEI Number 59-6019779 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32935 | Country USA | Zip 32935 | Country USA |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

DAVIS, EDMUND R
560 MONTREAL AVENUE
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name
Edmund R. Davis

Street Address (P.O. Box Number is Not Acceptable)
1501 W. Eau Gallie Blvd.

City
Melbourne **FL** Zip Code
32935

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. <input type="checkbox"/> | \$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 | STD EDENFIELD, BERNARD C. 1557 CARIBBEAN CIRCLE MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LITTLEFIELD, WESLEY 3521 N. SYLVAN LANE MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELL, VANCE L 1324 RIVERMONT DRIVE MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURKLEW, RICHARD 3269 KENT DRIVE MELBOURNE FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD DAVIS, EDMUND R 633 CHARLES DRIVE MELBOURNE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GETZ, RICHARD 2655 TRAMMEL AVE MELBOURNE FL <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnson, Herbert 1470 South Oaks Drive Merritt Island, FL 32952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Edmund R. Davis* Edmund R. Davis 4/18/01 321-259-3274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)