

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90291 048 ****61.25

DOCUMENT # N18294

1. Entity Name

FIRST BAPTIST CHURCH OF EAU GALLIE, INC.

Principal Place of Business

Mailing Address

**1501 W. EAU GALLIE BLVD.
 MELBOURNE FL 32935
 US**

**1501 W. EAU GALLIE BLVD.
 MELBOURNE FL 32935
 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

59-6019779

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

7. Name and Address of New Registered Agent

**DAVIS, EDMUND R
 1501 W. EAU GALLIE BLVD.
 MELBOURNE FL 32935**

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: **PDT** Delete
 NAME: **EDENFIELD, BERNARD C.**
 STREET ADDRESS: **1557 CARIBBEAN CIRCLE**
 CITY-ST-ZIP: **MELBOURNE FL**

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

TITLE: **D** Delete
 NAME: **LITTLEFIELD, WESLEY**
 STREET ADDRESS: **3521 N. SYLVAN LANE**
 CITY-ST-ZIP: **MELBOURNE FL**

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

TITLE: **D** Delete
 NAME: **BELL, VANCE L**
 STREET ADDRESS: **1324 RIVERMONT DRIVE**
 CITY-ST-ZIP: **MELBOURNE FL**

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

TITLE: **D** Delete
 NAME: **JOHNSON, HERBERT**
 STREET ADDRESS: **1470 S. OAKS DR.**
 CITY-ST-ZIP: **MERRITT ISLAND FL 32952**

TITLE: **D** Change Addition
 NAME: **Hayworth, Michael**
 STREET ADDRESS: **343 Coral Way West**
 CITY-ST-ZIP: **Indialantic, FL 32903**

TITLE: **CD** Delete
 NAME: **DAVIS, EDMUND R**
 STREET ADDRESS: **633 CHARLES DRIVE**
 CITY-ST-ZIP: **MELBOURNE FL**

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

TITLE: **SD** Delete
 NAME: **GETZ, RICHARD**
 STREET ADDRESS: **2655 TRAMMEL AVE**
 CITY-ST-ZIP: **MELBOURNE FL**

TITLE: **SD** Change Addition
 NAME: **Carden, John**
 STREET ADDRESS: **1307 Sun Circle E**
 CITY-ST-ZIP: **Melbourne, FL 32935**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edmund R. Davis

4/10/02

321-259-3274

Date

Daytime Phone #

CR2E037 (9/01)