

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19155

1. Entity Name

INDIANTOWN BAPTIST CHURCH, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90135 049 ****61.25

Principal Place of Business	Mailing Address
15457 SW 150TH STREET P.O. BOX 396 INDIANTOWN FL 34956-3323 US	15457 S.W. 150 STREET P.O. BOX 396 INDIANTOWN FL 34956-3323 US

2. Principal Place of Business	3. Mailing-Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1310764	Applied For	Not Applicable
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5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GOLDEN, CLARENCE H
 16248 SW INDIANWOOD CIRCLE
 INDIANTOWN FL 34956

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 _____ (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
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TITLE	D	☐ Delete
NAME	GOLDEN, CLARENCE H	
STREET ADDRESS	46248 SW INDIANWOOD CIRCLE	
CITY-ST-ZIP	INDIANTOWN FL 34956	

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

TITLE	VD	☐ Delete
NAME	MCALLISTER, LYTELL	
STREET ADDRESS	16401 PALOMINO STREET	
CITY-ST-ZIP	INDIANTOWN FL	

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

TITLE	SD	☐ Delete
NAME	LEGERE, MYRTLE	
STREET ADDRESS	14402 SW DIVOT DR	
CITY-ST-ZIP	INDIANTOWN FL	

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

TITLE	D	☐ Delete
NAME	GOODE, WARREN	
STREET ADDRESS	14700 S.W. CITRUS BLVD.	
CITY-ST-ZIP	INDIANTOWN FL	

TITLE	D	☒ Change ☐ Addition
NAME	Goode, Warren	
STREET ADDRESS	14504 SW Citrus Blvd. S	
CITY-ST-ZIP	Indiantown, FL 34956	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ 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: Warren Goode REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

1-772-

597-2316

Daytime Phone #

CR2E037 (9/01)