

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0063512

**DOCUMENT # N19624**

1. Entity Name

**FIRST BAPTIST CHURCH OF BAGDAD, INC.**

04-11-2002 90086 044 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4529 FORSYTH ST  
 P.O. BOX 247  
 BAGDAD FL 32530-0247

4529 FORSYTH ST  
 P.O. BOX 247  
 BAGDAD FL 32530-0247



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1036027**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

~~HOUSE, JAMES M~~  
~~6650 OLD BAGDAD HWY~~  
~~MILTON FL 32583~~

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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KREBS, THOMAS</b>	
STREET ADDRESS	<b>4545 FOREYTHE ST</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDER, GLENN</b>	
STREET ADDRESS	<b>3333 ROBINSON POINT ROAD</b>	
CITY-ST-ZIP	<b>MILTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<del>HOUSE, JAMES M</del>	
STREET ADDRESS	<del>6650 OLD BAGDAD HWY</del>	
CITY-ST-ZIP	<del>MILTON FL 32583</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*Glenn Fielder* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)