

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90374 047 \*\*\*\*61.25

**DOCUMENT # N20541**

1. Entity Name

**FIRST BAPTIST CHURCH OF CHATTAHOOCHEE**

Principal Place of Business

Mailing Address

503 SOUTH MAIN STREET  
 CHATTAHOOCHEE FL 32324  
 US

503 SOUTH MAIN STREET  
 CHATTAHOOCHEE FL 32324  
 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

**59-1291395**

Applied For

Not Applicable

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

**WILSON, ELBERT**  
**513 DARIEN STREET**  
**CHATTAHOOCHEE FL 32324**

Name **WILHELMS, RICHARD**

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

**1114 SHERWOOD LANE**

City **CHATTAHOOCHEE, FL 32324**

**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 **RICHARD WILHELMS**

**4/8/02**

(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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>KIMREY, ROGER</b> <b>810 PINE AVENUE</b> <b>CHATTAHOOCHEE FL 32324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>WILSON, ELBERT</b> <b>513 DARIEN STREET</b> <b>CHATTAHOOCHEE FL 32324</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>BASFORD, CHESTER</b> <b>921 MORGAN AVENUE</b> <b>CHATTAHOOCHEE FL 32324</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>MOSELEY, R. DAVE</b> <b>814 COLEMAN STREET</b> <b>CHATTAHOOCHEE FL 32324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>TAYLOR, JAMES</b> <b>824 PINE AVE</b> <b>CHATTAHOOCHEE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>MYERS, BILL</b> <b>1321 S MAIN ST</b> <b>CHATTAHOOCHEE FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BASSETT, JAMES</b> <b>15 WEST MARION STREET</b> <b>CHATTAHOOCHEE, FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DD</b> <b>BOYD, JOE</b> <b>630 CAMP ROAD CHATTAHOOCHEE, FL 32324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>DD</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DD</b> <b>WILHELMS, RICHARD</b> <b>1114 SHERWOOD LANE</b> <b>CHATTAHOOCHEE, FL 32324</b>

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, 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: **RICHARD WILHELMS** **REQUIRED**

**4/8/02**

**(850) 663-4661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)