

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90043 045 ****61.25

DOCUMENT # N25357
 1. Entity Name
FIRST BAPTIST CHURCH OF CUYLER, INC.

Principal Place of Business Mailing Address
~~PO BOX 608~~ PO BOX 608
GLEN ST. MARY FL 32040 **GLEN ST. MARY FL 32040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11226 Osceola Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Alt Saint Mary, FL

4. FEI Number Applied For
59-2117400 Not Applicable

Zip Country Zip Country
32040 **USA**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCARTY, EDWARD →
21460 BARN RD.
SANDERSON FL 32087

7. Name and Address of New Registered Agent
 Name **Edward McLarty**
 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 *Edward M. McLarty* **Edward M. McLarty, Treasurer** **01-07-02**
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

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HEPPNER, MICHAEL W | |
| STREET ADDRESS | P O BOX 33 N/A | |
| CITY-ST-ZIP | SANDERSON FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WORTHINGTON, BILLY | |
| STREET ADDRESS | RT 1 BOX 575 N/A | |
| CITY-ST-ZIP | SANDERSON FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SPARKMAN, DEBORAH | |
| STREET ADDRESS | RT 2 BOX 1220 | |
| CITY-ST-ZIP | GLEN ST MARY FL 32040 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WADE, JERRY | |
| STREET ADDRESS | PO BOX 1426 | |
| CITY-ST-ZIP | GLEN ST MARY FL 32040 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCARTY, EDWARD | |
| STREET ADDRESS | 21460 BARN RD. | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | McLarty | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward M. McLarty* **EDWARD M. MCLARTY** **01-07-2002** **904 259-2929**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)