

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~~
GLEN ST. MARY FL 32040

PO BOX 608
GLEN ST. MARY FL 32040

2. Principal Place of Business

11226 Osceola Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen Saint Mary, FL

City & State

4. FEI Number

59-2117400

Applied For

Not Applicable

Zip

32040

Country

USA

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

MCCARTY, EDWARD
21460 BARN RD.
SANDERSON FL 32087

Name

Edward M. Larty

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. Larty

Edward M. Larty, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M. Larty	
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. Larty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2002

Date

904 259-2929

Daytime Phone #

CR2E037 (9/01)