

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90070 043 \*\*\*\*70.00

**DOCUMENT # N25357**

1. Entity Name

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



Principal Place of Business

**11226 OSCEOLA RD  
GLEN ST. MARY FL 32040**

Mailing Address

**PO BOX 608  
GLEN ST. MARY FL 32040**

**30004266**



☐ CHECK HERE IF MAKING CHANGES

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 **59-2117400**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCLARTY, EDWARD  
21460 BARN RD.  
SANDERSON FL 32087**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HEPPNER, MICHAEL W**  
STREET ADDRESS **P O BOX 33 N/A**  
CITY-ST-ZIP **SANDERSON FL**

TITLE **D** ☐ Delete  
NAME **WORTHINGTON, BILLY**  
STREET ADDRESS **RT 1 BOX 575 N/A**  
CITY-ST-ZIP **SANDERSON FL**

TITLE **D** ☒ Delete  
NAME **WADE, JERRY**  
STREET ADDRESS **PO BOX 1426**  
CITY-ST-ZIP **GLEN ST MARY FL 32040**

TITLE **D** ☐ Delete  
NAME **MCLARTY, EDWARD**  
STREET ADDRESS **21460 BARN RD.**  
CITY-ST-ZIP **SANDERSON FL 32087**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

*Edward Mclarty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2003 904259-4846

CR2E037 (10/02)