

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90302 048 ****61.25

DOCUMENT # N26906

1. Entity Name

FIRST BAPTIST CHURCH OF ARCADIA, INC.

Principal Place of Business

**1006 N. BREVARD AVE
 ARCADIA FL 33821
 US**

Mailing Address

**1006 N. BREVARD AVE
 ARCADIA FL 33821
 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

59-0689702

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

**BROWN, FLETCHER
 124 N. BREVARD AVE.
 ARCADIA FL 33821**

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD YOST, CARL 6443 NW PINE HURST DR ARCADIA FL 34266	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUTHERFORD, MIRAM 840 N JOHNSON AVE ARCADIA FL 34266	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOZIER, JOYCE 153 S. VOLUSIA AVE ARCADIA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMACK, ROBERT SR PO BOX 1422 ARCADIA FL 34265	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, MURL 3943 NW C.R. 661A ARCADIA FL 34266	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORRELLS, STEVE 6923 CR 661 ARCADIA FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Womack, Sr. 4228 SE County Rd 760 Arcadia FL 34266	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murl Coker 3943 SW County Rd 661A Arcadia FL 34266	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jerry Scott 3548 SE Brown Rd Arcadia FL 34266	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Steve Sorrells* **Steve Sorrells** 2-19-01 863-494-3622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)