

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90071 006 \*\*\*\*61.25

0086218

**DOCUMENT # N26906**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

**59-0689702**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34266**

**34266**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**80056445**



DO NOT WRITE IN THIS SPACE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	YOST, CARL	
STREET ADDRESS	6443 NW PINE HURST DR	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOMACK, ROBERT	
STREET ADDRESS	4228 SE COUNTY RD 760	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOZIER, JOYCE	
STREET ADDRESS	153 S. VOLUSIA AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COKER, MURL	
STREET ADDRESS	3943 SW COUNTY RD 661A	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, JERRY	
STREET ADDRESS	3548 SE BROWN RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SORRELLS, STEVE	
STREET ADDRESS	6923 CR 661	
CITY-ST-ZIP	ARCADIA FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glen Gray	
STREET ADDRESS	1684 S.E. PLUM DRIVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
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 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-02**

**494-3622**

Date

Daytime Phone #

CR2E037 (9/01)