

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90014 028 ****61.25

DOCUMENT # N28947

1. Entity Name

THE FIRST BAPTIST CHURCH OF WAHNETA, INC.

Principal Place of Business

**609 S. RIFFLE RANGE RD.
WINTER HAVEN FL 33880**

Mailing Address

**PO BOX 5061
ELUISE FL 33880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101452

Applied For

Not Applicable

Zip

Country

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

**ABERCROMBIE, ELIZABETH
239 9TH WAHNETA ST WEST
WINTER HAVEN FL 33880**

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 **TD** ☒ Delete
NAME **ABERCROMBIE, ELIZABETH**
STREET ADDRESS **239 9TH WAHNETA ST WEST**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **Treasure** ☒ Change ☐ Addition
NAME **JoAnn Meadows**
STREET ADDRESS **132 7th St. West Wahneta**
CITY-ST-ZIP **Winter Haven, Florida 33880**

TITLE **T** ☒ Delete
NAME **TUCKER, ETHEL**
STREET ADDRESS **14 CAMELLIA DRIVE**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **Gus Forkel** ☒ Change ☐ Addition
NAME **Trustee**
STREET ADDRESS **Gus Forkel**
CITY-ST-ZIP **2231 Ave. C NW Winter Haven, FL 33880**

TITLE **T** ☐ Delete
NAME **CHASTAIN, VERNON**
STREET ADDRESS **123 AVE A WAHNETA EAST**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **Trustee** ☐ Change ☐ Addition
NAME **James Sowell**
STREET ADDRESS **126 7th Wahneta St. West**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **T** ☒ Delete
NAME **FOSTER, MIKE**
STREET ADDRESS **1918 RIFLE RANGE RD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **Trustee** ☒ Change ☐ Addition
NAME **James Sowell**
STREET ADDRESS **126 7th Wahneta St. West**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **T** ☐ Delete
NAME **ROBBINS, ARNETT**
STREET ADDRESS **123 7TH WAHNETA ST WEST**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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

TITLE ☐ Delete
NAME
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 *JoAnn Meadows*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 *863-324-5388*
Date Daytime Phone #

CR2E037 (9/01)