

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30659

1. Entity Name

FIRST BAPTIST CHURCH MULBERRY, INC.

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90069 043 ****61.25

0062607

Principal Place of Business

300 NE 1ST AVE.
MULBERRY FL 33860

Mailing Address

300 NE 1ST AVE.
MULBERRY FL 33860

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0863246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAUDILL, JOANN
323 FAYE CIR N
LAKELAND FL 33813

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.

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

TITLE ☒ Delete
NAME ~~VD SMITH, JOE~~
STREET ADDRESS ~~3840 SMITH DRIVE~~
CITY-ST-ZIP ~~MULBERRY FL 33860~~

TITLE ☐ Delete
NAME DAVIS, VIRGIL
STREET ADDRESS PO BOX 1105
CITY-ST-ZIP MULBERRY FL 33860

TITLE ☐ Delete
NAME JONES, PIERCE
STREET ADDRESS 6109 E IRBY LN
CITY-ST-ZIP LAKELAND FL 33811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ~~VD~~ Greg Jenkins
STREET ADDRESS 2953 Gordon St
CITY-ST-ZIP Mulberry, FL 33860

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

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

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/01)