

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

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90188 047 \*\*\*\*61.25

**DOCUMENT # N35414**

1. Entity Name

**FIRST BAPTIST CHURCH OF LAKE CITY, INC.**



Principal Place of Business

206 E ORANGE ST  
LAKE CITY FL 32055

Mailing Address

206 E ORANGE ST  
LAKE CITY FL 32055

2. Principal Place of Business

**First Baptist Church**

3. Mailing Address

**182 NE Justice St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Lake City, FL**

City & State

**Lake City, FL**

4. FEI Number **59-2990453**

Applied For

Not Applicable

Zip

**32055**

Country

**USA**

Zip

**32055**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VARNUM, TROY A  
206 E ORANGE ST  
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name **Varnum, Troy A.**

Street Address (P.O. Box Number is Not Acceptable)  
**182 NE Justice Street**

**Lake City, FL**

City **Lake City**

**FL**

Zip Code

**32055**

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

**5/14/03**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KIRBY, HAROLD</b>	
STREET ADDRESS	<b>1583 E MONROE ST</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SINGLETON, JULIAN</b>	
STREET ADDRESS	<b>RT 21 BOX 743</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCANTLAN, DONALD</b>	
STREET ADDRESS	<b>RT 22 BOX 6017</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WETHINGTON, TIM</b>	
STREET ADDRESS	<b>RT 13 BOX 558</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAHLICH, RICHARD</b>	
STREET ADDRESS	<b>495 S CHURCH STREET</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEE, BILLY</b>	
STREET ADDRESS	<b>RT 22 BOX 3001</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32024</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dekle, Bob</b>	
STREET ADDRESS	<b>Rt. 12, Box 451-B</b>	
CITY-ST-ZIP	<b>Lake City, FL 32025</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hunter, George</b>	
STREET ADDRESS	<b>715 SW McFarlane Ave.</b>	
CITY-ST-ZIP	<b>Lake City, FL 32025</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T.C. Gray</b>	
STREET ADDRESS	<b>Rt. 22, Box 3010</b>	
CITY-ST-ZIP	<b>Lake City, FL 32024</b>	

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 REQUIRED**

**Harold M. Kirby 5/13/03 386-961-7435**

CR2E037 (10/02)