

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90005 050 ****61.25

DOCUMENT # N37765

1. Entity Name

FIRST BAPTIST CHURCH OF JESUS CHRIST, INC.

Principal Place of Business

Mailing Address

3600 AVE. M. NW
 WINTER HAVEN FL 33880
 US

P.O. BOX 93E
 AUBURNDALE FL 33823

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

59-3014471

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

MATTOX, RAY
170 E CENTRAL AVE
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 NAME	D ROBERSON, LORAIN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4572 DAVID DRIVE BARTOW FL	
TITLE NAME	D ROLAND, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6907 BROOKRIDGE TRAILS LAKELAND FL 33810	
TITLE NAME	D FOSTER, CLYDE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2980 THORNHILL ROAD WINTER HAVEN FL	
TITLE NAME	D STRAIT, BETTY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	122 7TH TERI WAHNETA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ray Mattox*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/01 863-967-6276
 Date Daytime Phone #

CR2E037 (10/00)