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

Mailing Address

3. Mailing Address

City & State

AUBURNDALE FL 33823

Suite, Apt. #, etc.

P.O. BOX 936

DOCUMENT # N37765

1. Entity Name

3600 AVE, M., NW

Principal Place of Business

2. Principal Place of Business

WINTER HAVEN FL 33880

Suite, Apt. #, etc.

MATTOX, RAY

170 E CENTRAL AVE WINTER HAVEN FL 33880

City & State

Zip

SIGNATURE

FIRST BAPTIST CHURCH OF JESUS CHRIST, INC.

Country

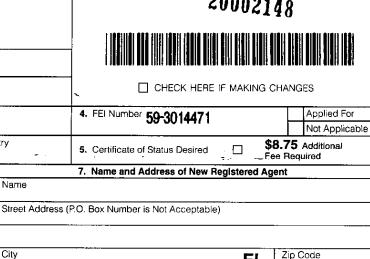
6. Name and Address of Current Registered Agent



FILED Jan 09, 2003 8:00 am **Secretary of State**

01-09-2003 90109 018 ****61.25

20002148



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

Country

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. EMELY CRAIG DIRECTOR TITLE Addition Delete 😿 ROBERSON, LORAINE NAME NAME Po BK. 1294 STREET ADDRESS 4572 DAVID DRIVE STREET ADDRESS EATON PARK FLI 33840 CITY-ST-7IP CITY-ST-ZIP BARTOW FL TITLE ☐ Delete ☐ Change TITLE ☐ Addition ROLAND, KAREN NAME NAME STREET ADDRESS 6907-BROOKRIDGE TRAILS ____ STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FOSTER, CLYDE NAME STREET ADDRESS 2980 THORNHILL ROAD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STRAIT, BETTY NAME STREET ADDRESS **122 7TH TERI** STREET ADDRESS CITY-ST-ZIP WAHNETA FL CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

The Fosty 1-6-03 863-967-6276