


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

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90025 039 \*\*\*\*61.25

<b>DOCUMENT #</b> N37808	
<b>1. Entity Name</b> First Baptist Church of Greensboro, Incorporated, Gadsden County Greensboro, Florida	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 101 Gadsden Avenue	<b>3. Mailing Address</b> P. O. Box 100
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> Greensboro, FL	<b>City &amp; State</b> Greensboro, FL
<b>Zip</b> 32330	<b>Country</b> Gadsden

**40012786**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-2402509	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> W. E. Willis, Sr.	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
	<b>City</b> Greensboro	<b>FL</b> <b>Zip Code</b> 32330

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D. Macon, Charlie P. O. Box 127, Highway 12 N/A Greensboro, FL 32330	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D. Willis, W. E. 205 Salmon Street Greensboro, FL 32330	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D. Kever, Terry P. O. Box 257 N/A Greensboro, FL 32330	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Charlie Macon* **02/04/07** **(850) 442-6202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)