


**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

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
101 Gadsden Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
P. O. Box 100  
Suite, Apt. #, etc.

**40012786**

DO NOT WRITE IN THIS SPACE

City & State  
Greensboro, FL

City & State  
Greensboro, FL

4. FEI Number  
59-2402509

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
32330 Gadsden

Zip Country  
32330 Gadsden

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
W. E. Willis, Sr.

Street Address (P.O. Box Number is Not Acceptable)

City  
Highway 12  
Greensboro FL Zip Code 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	D Macon, Charlie P. O. Box 127, Highway 12 N/A Greensboro, FL 32330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Willis, W. E. 205 Salmon Street Greensboro, FL 32330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kever, Terry P. O. Box 257 N/A Greensboro, FL 32330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E037B (12/02)

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