

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

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90153 045 \*\*\*\*61.25

**DOCUMENT # N37808**  
1. Entity Name  
**FIRST BAPTIST CHURCH OF GREENSBORO, INCORPORATED  
, GADSDEN COUNTY, GREENSBORO, FLORIDA**



Principal Place of Business      Mailing Address  
**101 GADSDEN AVE  
GREENSBORO FL 32330**      **P.O. BOX 100  
GREENSBORO FL 32330**



CHECK HERE IF MAKING CHANGES

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 **59-2402509**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**  
**WILLIS, W.E., SR.  
HWY. #12  
GREENSBORO FL 32330**

**7. Name and Address of New Registered Agent**  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MACON, CHARLIE</b> <b>P.O. BOX 127, HWY 12 N/A</b> <b>GREENSBORO FL 32330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIS, W.E.</b> <b>205 SELMAN STREET</b> <b>GREENSBORO FL 32330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEVER, TERRY</b> <b>P.O. BOX 257 N/A</b> <b>GREENSBORO FL 32330</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Charli Macon* (850) 442-6202

CR2E037 (10/02)