

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90323 046 ****61.25

DOCUMENT # N39313

1. Entity Name

FIRST BAPTIST CHURCH OF EAST PALATKA, INC.

Principal Place of Business

Mailing Address

FIRST BAPTIST OF EAST PALATKA
 VIVIAN L. BOBBITT PO BOX 404
 EAST PALATKA FL 32131
 US

104 BROWNLING LANE
 EAST PALATKA FL 32131
 US

614305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3022421

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOBBITT, VIVIAN L.
10 BROWNING LANE
EAST PALATKA FL 32131

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: TVD Delete
 NAME: WARWICK, W.E.
 STREET ADDRESS: 121 RIVER TERRACE
 CITY-ST-ZIP: EAST PALATKA FL 32131

TITLE: DT Change Addition
 NAME: Judy Millis
 STREET ADDRESS: 105 TYLEE Rd. EAST PALATKA FL 32131
 CITY-ST-ZIP: EAST PALATKA FL

TITLE: TSD Delete
 NAME: BOBBITT VIVIAN L
 STREET ADDRESS: 108 BROWNING LANE
 CITY-ST-ZIP: EAST PALATKA FL 32131

TITLE: DT Change Addition
 NAME: JEWELL Borer
 STREET ADDRESS: 209 PUTNAM AVE.
 CITY-ST-ZIP: EAST PALATKA, FL-32131

TITLE: DT Delete
 NAME: HESTER, KERMIT
 STREET ADDRESS: RT 1 BOX 694 - 106 MAGNOLIA
 CITY-ST-ZIP: EAST PALATKA FL

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 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: *Vivian L. Bobbitt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan - 21 - 2001 904 - 325 - 5330
 Date Daytime Phone #

CR2E037 (10/00)