

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**  
 02-07-2002 90075 039 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

**FIRST BAPTIST Church of East Palatka**

Suite, Apt. #, etc.

**104 BROWNLING LANE**

**EAST PALATKA**

Suite, Apt. #, etc.

**32131 PUTNAM**

Zip

Country

4. FEI Number

**59-3022421**

Applied For

Not Applicable

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.**  
**104 BROWNLING 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 **VIVIAN L Bobbitt**  
 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 ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TSD** ☐ Delete  
 NAME **BOBBITT VIVIAN L**  
 STREET ADDRESS **108 BROWNLING LANE**  
 CITY-ST-ZIP **EAST PALATKA FL 32131**

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

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 **DT** ☒ Delete  
 NAME **MILLIS, JUDY**  
 STREET ADDRESS **105 TYLER RD EAST**  
 CITY-ST-ZIP **EAST PALATKA FL 32131**

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

TITLE **DT** ☐ Delete  
 NAME **BORER, JEWELL**  
 STREET ADDRESS **209 PUTNAM AVE**  
 CITY-ST-ZIP **EAST PALATKA FL 32131**

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  
 Date **Jan 20-2002** Daytime Phone # **386-325-5330**

CR2E037 (9/01)