

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90059 005 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> N40533			
1. Entity Name First Baptist Church of Seven Springs, Inc.			
Principal Place of Business 3611 Little Road New Port Richey, FL 34655		Mailing Address 3611 Little Road New Port Richey, FL 34655	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
City & State		4. FEI Number 59-3037948	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent William H. Pace Jr. 3611 Little Road New Port Richey, FL 34655		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent structure required when reselecting)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Mary Greenlee T <input checked="" type="checkbox"/> Delete 6814 Lassen Ave. New Port Richey, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Price 5321 Dawn Lane Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <input checked="" type="checkbox"/> Delete Robert Wetzel 4555 Tiburon Dr. New Port Richey, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mike Gildow 8715 Bermuda Lane New Port Richey, FL 34655
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T <input checked="" type="checkbox"/> Delete Anthony A Dematos 9025 Arundale Place New Port Richey, FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul Nedrow 7237 Skylark Dr. Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>William H. Pace</i>		5-9-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

**00056346**

DO NOT WRITE IN THIS SPACE

CR26037 (11/00)