

2002 UNIFORM BUSINESS REPORT (UBR) *AMENDED*

09-17-2002 90096 0B9 ****61.00

N40533

02 SEP 23 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0903188**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PACE, JR. WILLIAM H.
3611 LITTLE ROAD
NEW PORT RICHEY FL 34655

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	PRICE, TOM	5321 DAWN LANE	HOLIDAY FL 34690	<input checked="" type="checkbox"/>
D	GILDOW, MIKE	8715 BERMUDA LANE	NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/>
D	NEDROW, PAUL	7237 SKYLARK DRIVE	SPRING HILL FL 34608	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TRUSTEES	CARI JAMES	3415 OTTWAY DR.	HOLIDAY, FL 34691	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TRUSTEES	DAVID MATTHEWS	1730 SAN SALVADORE DR.	PORT RICHEY, FL 34668	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DEANNA BRYSON	515 BRYAN VALLEY CT.	BRANDON, FL 33511	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TRUSTEE	ED RAINS	12603 PECAN TREE DR.	HUDSON, FL 34669	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

8/23/02

CR2E037 (4/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WILLIAM H. PACE* **WILLIAM H. PACE** **827-815-8107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #