

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90045 038 ****61.25

DOCUMENT # N41927

1. Entity Name

FIRST BAPTIST CHURCH OF GROVELAND, INC.

Principal Place of Business

**137 E. CHERRY ST.
 GROVELAND FL 34736**

Mailing Address

**137 E. CHERRY ST.
 GROVELAND FL 34736**

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

59-1749023

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MITCHELL, G. RANDY
 725 SOUTH MAIN AVE
 GROVELAND FL 34736**

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 NAME	T OLSON, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	7305 REDWING ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE NAME	D MOULTON, JAMES E.	<input type="checkbox"/> Delete
STREET ADDRESS	267 E SUNSET ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE NAME	D MORGAN, WILLIAM M JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	558 E WALDO ST	
CITY-ST-ZIP	GROVELAND FL	
TITLE NAME	D SEWELL, AUBY RAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	18204 MORRISON STREET	
CITY-ST-ZIP	GROVELAND FL	
TITLE NAME	T JEANETTE B EDMUNDSON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	315 SLOAN'S RIDGE ROAD	
CITY-ST-ZIP	GROVELAND FL	
TITLE NAME	T THOMAS, DANA	<input type="checkbox"/> Delete
STREET ADDRESS	5651 MARY'S VILLA ROAD	
CITY-ST-ZIP	GROVELAND FL 34736	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	T WILLIAMS, FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	308 E. Waldo Street	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE NAME	D SEWELL, STEPHEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	561 E. Beach Street	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE NAME	T HARPER, JANET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	422 E. Warner Street	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02

352/429-5000

Date

Daytime Phone #

CR2E037 (9/01)