

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90096 050 ****61.25

DOCUMENT # N44934

1. Entity Name

FIRST BAPTIST CHURCH OF GREEN COVE SPRINGS, FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

615 WALNUT ST.
 GREEN COVE SPRINGS FL 32043

P.O. BOX 335
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1156004

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

POLLOCK, REV. JOHN S.
106 LEWIS DR.
GREEN COVE SPRINGS FL

Name

Terry W. Dye

Street Address (P.O. Box Number is Not Acceptable)

106 Lewis Dr.

City

Green Cove Springs

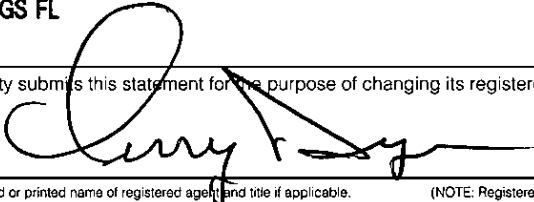
FL

Zip Code

32043

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



4/30/02

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	P	<input type="checkbox"/> Delete
NAME	POLLOCK, JOHN S	
STREET ADDRESS	106 LEWIS DRIVE	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, CLAUDE W., JR.	
STREET ADDRESS	930 LANDRETH ROAD	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES	
STREET ADDRESS	2280 WALLABY AVE	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, DE	
STREET ADDRESS	708 GOVERNEARS COAT	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGEE, JEFFREY	
STREET ADDRESS	1700 JULIA STREET	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dye, Terry W.	
STREET ADDRESS	106 Lewis Dr	
CITY-ST-ZIP	Green Cove Springs, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

904/284-9231

Daytime Phone #

CR2E037 (9/01)