

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/20/0

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90025 012 \*\*\*\*61.25

**DOCUMENT # N47753**  
 1. Entity Name  
**THE FIRST BAPTIST CHURCH OF BARBERVILLE, INC.**

Principal Place of Business: **P.O. BOX 97 BARBERVILLE FL 32105**  
 Mailing Address: **P.O. BOX 97 BARBERVILLE FL 32105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2379251**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VAUGHN, JAMES R**  
**1527 HWY 40**  
**PIERSON FL 32180**

7. Name and Address of New Registered Agent  
 Name: **Harold Powell**  
 Street Address (P.O. Box Number is Not Acceptable): **2120 E State Rd 40**  
 City: **Deleon Springs** FL Zip Code: **32130**

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: *Harold Powell* **Harold Powell** DATE: **1-9-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>DUBBERLY, WILLIAM M.</b>	
STREET ADDRESS	<b>181 E. 2ND AVENUE</b>	
CITY-ST-ZIP	<b>PIERSON FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>POWELL, HAROLD</b>	
STREET ADDRESS	<b>2120 E STATE RD 40</b>	
CITY-ST-ZIP	<b>DELEON SPRINGS FL 32130</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>VAUGHN, ROBERT J.</b>	
STREET ADDRESS	<b>1527 W HWY 40</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>Bill Haskins</b>	
STREET ADDRESS	<b>1650 Railroad Ave.</b>	
CITY-ST-ZIP	<b>Pierson, FL. 32180</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 all other like empowered.  
 SIGNATURE: *Harold Powell* **Harold Powell** DATE: **1-9-01**  
Signature and typed or printed name of signing officer or director

CR2E037 (10/00)