

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50631

FILED  
Jan 09, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA BAPTIST CONVENTION, INC.

**Current Principal Place of Business:**

1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1230 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 59-0766980      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, T G JOHN  
1230 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MOORE, BRUCE  
Address: 37511 CHURCH AVE  
City-St-Zip: DADE CITY, FL 33525

Title: PD ( ) Delete  
Name: GREEN, J. THOMAS  
Address: 216 N PARSONS AVE  
City-St-Zip: BRANDON, FL 32570

Title: S ( ) Delete  
Name: SULLIVAN, T G JOHN,  
Address: 1230 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: OWENS, GLEN E,  
Address: 1230 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: LAIRD, DEBBIE M  
Address: 5212 TUPELO LANE  
City-St-Zip: MILTON, FL 32570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEDGISTER, RICHARD  
Address: 495 NW 191ST STREET  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T G JOHN SULLIVAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

S

01/09/2002

\_\_\_\_\_  
Date