

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000000294**

1. Entity Name

**EAST FLORIDA PRIMITIVE BAPTIST CHURCHES, INC.**

Principal Place of Business

**3950 JUANITA AVE.  
FORT PIERCE FL 34950  
US**

Mailing Address

**P.O BOX 819  
FT PIERCE FL 34954  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HENDLEY, CHARLES L  
2201 SAN DIEGO AVE  
FORT PIERCE FL 34448**

4. FEI Number

**65-0387054**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDLEY, ROBERT JR	
STREET ADDRESS	1380 WEST 30TH STREET	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHESTER, JAMES	
STREET ADDRESS	1730 ECHO LAKE DR.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCARTY, MITCHELL	
STREET ADDRESS	2102 AVENUE O	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, PAYTON	
STREET ADDRESS	1054 REVILLA LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOBBS, L.V	
STREET ADDRESS	950 NW 33RD DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, WENDELL	
STREET ADDRESS	1598 NE 21ST TERRACE	
CITY-ST-ZIP	JENSEN BEACH FL	

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	
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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90232 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)