

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91593 048 ****61.25

DOCUMENT # N93000001268

1. Entity Name

FIRST BAPTIST CHURCH OF BUNNELL, FLORIDA, INC.

Principal Place of Business

Mailing Address

**301 E. MOODY BLVD.
 BUNNELL FL**

**P.O. BOX 365
 BUNNELL FL 32110-0365**

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

59-1883327

Applied For

Not Applicable

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

**RUMMEL, RAYMOND A.
 2143 S CENTRAL AVENUE
 FLAGLER BEACH FL 32136**

Name

DONALD M. BOWMAN

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

211 N. ANDERSON ST.

City

BUNNELL

FL

Zip Code

32110

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 **DONALD M. BOWMAN**

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 **T** ☒ Delete
 NAME **RUMMEL, RAYMOND A**
 STREET ADDRESS **2143 S CENTRAL AVENUE**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **HARRY TRAINUM** ☐ Change ☒ Addition
 NAME **1 CRAIN COURT**
 STREET ADDRESS **PALM COAST, FL 32137**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **BOWMAN, DONALD M**
 STREET ADDRESS **211 N ANDERSON STREET**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **ROBERT RODGERS** ☐ Change ☒ Addition
 NAME **16 KALVERTON COURT**
 STREET ADDRESS **PALM COAST, FL 32164-5684**
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **PERRYMAN, KATHRYN**
 STREET ADDRESS **1207 E LAMBERT ST.**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE **PAM FLOYD** ☐ Change ☒ Addition
 NAME **45 EAGLE HARBOR TRAIL**
 STREET ADDRESS **PALM COAST, FL 32164**
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **GAMMON, DON A**
 STREET ADDRESS **3320 NEW BLISS CIR**
 CITY-ST-ZIP **ORMOND BCH FL 32172**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **BEMBRY, LOYD C**
 STREET ADDRESS **323 C.R. 302**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **EMERY, QUINTIN**
 STREET ADDRESS **COUNTY ROAD 304**
 CITY-ST-ZIP **BUNNELL FL 32110**

TITLE ☐ Change ☐ 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: **DONALD M. BOWMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)