

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2002 8:00 am
Secretary of State

05-08-2002 90067 048 ****96.25

DOCUMENT # N93000002132

1. Entity Name

FREEDOM BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1740 S. R. 207
ST AUGUSTINE FL 32086
US

1740 STATE RD 207
ST AUGUSTINE FL 32086

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

59-3241042

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

~~HAYES, O C~~

~~3160 OLD MOULTRIE ROAD
ST AUGUSTINE FL 32086~~

Name

Sikes, Margaret

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

~~510 John Street~~

City **St. Augustine**

FL

Zip Code **32084**

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

Margaret J. Sikes **MARGARET SIKES, TREASURER**

4-22-02
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** ☒ Delete
NAME **GERMAN, BILLY R**
STREET ADDRESS **1740 S.R. 208**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **P** ☐ Change ☒ Addition
NAME **Tester, H. Gene**
STREET ADDRESS **2209 Whippoorwill Place**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **D** ☐ Delete
NAME **SIKES, TILLMAN P**
STREET ADDRESS **6 JOHN ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32095**

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

TITLE **D** ☒ Delete
NAME **ANKNEY, ROBERT**
STREET ADDRESS **1740 SR 207**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **T** ☐ Change ☒ Addition
NAME **Hicks, Alice**
STREET ADDRESS **7336 Lynette Lane**
CITY-ST-ZIP **St. Augustine, FL 32095**

TITLE **S** ☒ Delete
NAME **KILPATRICK, CINDY**
STREET ADDRESS **1010 CHEYENNE DR.**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

TITLE **S** ☐ Change ☒ Addition
NAME **Tohey, Rita M.**
STREET ADDRESS **794 Cypress Road**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **D** ☒ Delete
NAME **SMITH, MICHAEL**
STREET ADDRESS **356 ORCHIS RD.**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

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

TITLE **T** ☒ Delete
NAME **HAYES, O C**
STREET ADDRESS **3160 OLD MOULTRIE ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE **T** ☐ Change ☒ Addition
NAME **Sikes, Margaret**
STREET ADDRESS **510 John Street**
CITY-ST-ZIP **St. Augustine, FL 32084**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Margaret J. Sikes* **MARGARET SIKES, TREASURER** **4-22-02** **904-829-5326**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)