

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000624

1. Entity Name

THE FIRST BAPTIST CHURCH OF HOLLISTER, FLORIDA,

Principal Place of Business

107 HOLLISTER CHURCH ROAD
HOLLISTER FL 32147

Mailing Address

P.O. BOX 118
HOLLISTER FL 32147

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1609752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLOUD, GORDON D
107 HOLLISTER CHURCH ROAD
HOLLISTER FL 32147

7. Name and Address of New Registered Agent

Name WAYNE WELLS
Street Address (P.O. Box Number is Not Acceptable)
120 MAGNOLIA AVE.
City EAST PALATKA FL Zip Code 32131

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 Wayne Wells WAYNE WELLS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sept 12, 01
DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 ☒ Delete
NAME GORDON, CLOUD
STREET ADDRESS 107 HOLLISTER CHURCH RD
CITY-ST-ZIP HOLLISTER FL 32147

TITLE TD ☐ Delete
NAME CUMBO, WAYNE
STREET ADDRESS 107 HOLLISTER CH. RD
CITY-ST-ZIP HOLLISTER FL 32147

TITLE SD ☐ Delete
NAME WISHAM, MARY
STREET ADDRESS 107 HOLLISTER CH. RD
CITY-ST-ZIP HOLLISTER FL 32147

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME WAYNE WELLS
STREET ADDRESS 120 MAGNOLIA AVE
CITY-ST-ZIP EAST PALATKA, FLA 32131

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

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

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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: Wayne Wells WAYNE WELLS

Sept 12, 01 386-328-1436

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90010 025 ***61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)