

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N94000000624**

1. Entity Name

**THE FIRST BAPTIST CHURCH OF HOLLISTER, FLORIDA,  
INCORPORATED**

Principal Place of Business

Mailing Address

**107 HOLLISTER CHURCH ROAD  
HOLLISTER FL 32147****P.O. BOX 118  
HOLLISTER FL 32147**

2. Principal Place of Business

**108 Church RD.**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 118**

Suite, Apt. #, etc.

**108 Church RD.**

City &amp; State

**Hollister FL**

City &amp; State

**Hollister FL**

Zip

**32147**

Country

**Putnam**

Zip

**32147**

Country

**Putnam**

6. Name and Address of Current Registered Agent

**WELLS, WAYNE  
120 MAGNOLA AVE  
EAST PALATKA FL 32131**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WELLS, WAYNE</b>	
STREET ADDRESS	<b>120 MAGNOLA AVE</b>	
CITY-ST-ZIP	<b>EAST PALATKA FL 32131</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CUMBO, WAYNE</b>	
STREET ADDRESS	<b>107 HOLLISTER CH. RD</b>	
CITY-ST-ZIP	<b>HOLLISTER FL 32147</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>WISHAM, MARY</b>	
STREET ADDRESS	<b>107 HOLLISTER CH. RD</b>	
CITY-ST-ZIP	<b>HOLLISTER FL 32147</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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:

**Wayne Cumbo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91694 004 \*\*\*\*61.25

00113757



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1609752**

Applied For

Not Applicable

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

CR2E037 (9/01)

**8/5/02 352-328-2436**

Date

Daytime Phone #