

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90927 009 \*\*\*\*\*61.25

**DOCUMENT # N94000000624**

1. Entity Name

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



Principal Place of Business

108 CHURCH RD  
HOLLISTER FL 32147

Mailing Address

P.O. BOX 118  
108 CHURCH RD  
HOLLISTER FL 32147

2. Principal Place of Business

107 Hollister Church Rd.

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollister FL

City & State

Hollister FL

Zip

32147

Country

Putnam

Zip

32147

Country

Putnam

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

WELLS, WAYNE  
120 MAGNOLA AVE  
EAST PALATKA FL 32131

7. Name and Address of New Registered Agent

Name

Marcus R. Mardis II

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

109 Hollister Church Rd.

City

Hollister

FL

Zip Code

32147

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARCUS R. MARDIS II

President

PASTOR

Marcus R. Mardis II

4-11-03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | WELLS, WAYNE          |  |
| STREET ADDRESS | 120 MAGNOLA AVE       |  |
| CITY-ST-ZIP    | EAST PALATKA FL 32131 |  |
| TITLE          | TD                    | <input type="checkbox"/> Delete            |
| NAME           | CUMBO, WAYNE          |  |
| STREET ADDRESS | 107 HOLLISTER CH. RD  |  |
| CITY-ST-ZIP    | HOLLISTER FL 32147    |  |
| TITLE          | SD                    | <input type="checkbox"/> Delete            |
| NAME           | WISHAM, MARY          |  |
| STREET ADDRESS | 107 HOLLISTER CH. RD  |  |
| CITY-ST-ZIP    | HOLLISTER FL 32147    |  |
| 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          | Pastor                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Marcus R. Mardis II      |  |
| STREET ADDRESS | 109 Hollister Church Rd. |  |
| CITY-ST-ZIP    | Hollister, FL 32147      |  |
| 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: MARCUS R. MARDIS II PASTOR Marcus R. Mardis II 4-11-03 386-328-2434

CR2E037 (10/02)