

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2002 8:00 am**
Secretary of State

04-30-2002 90027 023 ****61.25

DOCUMENT # N94000002550

1. Entity Name

**FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, I
NC.**

Principal Place of Business

**823N 15TH ST
MEXICO BEACH FL**

Mailing Address

**P.O. BOX 13691
MEXICO BEACH FL 32410
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3245806

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LYNN, LOUIS
204 LOUISIANA DRIVE
P.O. BOX 14070
MEXICO BEACH, FL 32410**

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 \$61.259. 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 **D** ☐ Delete
NAME **LOUIS, LYNN**
STREET ADDRESS **204 LOUISIANA DRIVE**
CITY-ST-ZIP **MEXICO BEACH FL 32410**TITLE **CD** ☐ Change ☒ Addition
NAME **Marko L Phelps**
STREET ADDRESS **236 Hwy 386**
CITY-ST-ZIP **Port St Joe FL 32456**TITLE **D** ☐ Delete
NAME **MILLER, DAVID**
STREET ADDRESS **113 6TH ST**
CITY-ST-ZIP **MEXICO BEACH FL 32410**TITLE **VCD** ☐ Change ☒ Addition
NAME **Oris Bennette**
STREET ADDRESS **Rt 3 Box 152-A**
CITY-ST-ZIP **Port St Joe FL 32456**TITLE **VCD** ☐ Delete
NAME **BAKER, ROBERT**
STREET ADDRESS **312 WYSONG DRIVE**
CITY-ST-ZIP **MEXICO BEACH FL 32410**TITLE **D** ☒ Change ☐ Addition
NAME **Robert Baker**
STREET ADDRESS **312 Wysong Drive**
CITY-ST-ZIP **Mexico Beach FL 32410**TITLE **D** ☒ Delete
NAME **THORPE, DUANE**
STREET ADDRESS **427 LA SIESTA DR**
CITY-ST-ZIP **MEXICO BEACH FL 32410**TITLE **T** ☐ Change ☒ Addition
NAME **Sharon S Jones**
STREET ADDRESS **PO Box 13301**
CITY-ST-ZIP **Mexico Beach Fl 32410**TITLE **T** ☒ Delete
NAME **MILLER, SHIRLEY**
STREET ADDRESS **113 6TH ST**
CITY-ST-ZIP **MEXICO BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-15-02 850-648-5776**
Date Daytime Phone #

CR2E037 (9/01)