

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

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90120 025 \*\*\*\*61.25

**DOCUMENT # N94000004210**

1. Entity Name

**FAITH BAPTIST CHURCH OF MADISON, FL INC.**



Principal Place of Business

**1505 E BASE ST  
MADISON FL 32340**

Mailing Address

**1505 E BASE ST  
MADISON FL 32340**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2292141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TOLAR, PAUL A  
ROUTE 4 BOX 1940  
MADISON FL 32340**

7. Name and Address of New Registered Agent

Name

**Al Murphy, Sr.**

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

**235 Florida Loop**

**Rt. 1, Box 1189**

City

**Madison**

**FL**

Zip Code

**32340**

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

*Al Murphy Sr.*

**Al Murphy, Sr.**

**August 4, 2003**

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  
After September 10, 2003, min will be \$236.25**

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 **DP** ☐ Delete  
NAME **TOLAR, PAUL A**  
STREET ADDRESS **ROUTE 4 BOX 1940**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE **DST** ☐ Delete  
NAME **CASON, VERCIE T**  
STREET ADDRESS **RT 4 BOX 870**  
CITY-ST-ZIP **MADISON FL 32340**

TITLE **DVP** ☐ Delete  
NAME **WALLER, MADGE**  
STREET ADDRESS **RT 5 BOX 6596**  
CITY-ST-ZIP **MADISON FL 32340**

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 **DP** ☒ Change ☐ Addition  
NAME **Al Murphy, Sr**  
STREET ADDRESS **235 Florida Loop - Rt. 1, Box 1189**  
CITY-ST-ZIP **Madison, FL 32340**

TITLE **DVP** ☐ Change ☐ Addition  
NAME **Madge Waller**  
STREET ADDRESS **Rt. 2, Box 6200**  
CITY-ST-ZIP **Madison, FL 32340**

TITLE **D-S/T** ☒ Change ☐ Addition  
NAME **Virginia Murphy**  
STREET ADDRESS **235 Florida Loop - Rt. 1, Box 1189**  
CITY-ST-ZIP **Madison, Florida 32340**

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

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

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:

*Virginia Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Virginia Murphy**

**850-973-6337**

Date

Daytime Phone #

CR2E037 (4/03)