

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004372

1. Entity Name

FIRST BAPTIST CHURCH, INC.

Principal Place of Business

9912 INDIANA ST.
GIBSONTON FL 33534

Mailing Address

P.O. BOX 65
GIBSONTON FL 33534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2703926

Applied For

Not Applicable

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

CLEMENTS, MALCOLM S
10017 KENDA DRIVE
RIVERVIEW FL 33569

Name
Same

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

1326 IDLEWOOD DRIVE

City
SUN CITY CENTER

FL

Zip Code
33573

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CLEMENTS, MALCOLM S
STREET ADDRESS 10017 KENDA DR.
CITY-ST-ZIP RIVERVIEW FL 33569

☐ Delete

TITLE
NAME
STREET ADDRESS 1326 IDLEWOOD DRIVE
CITY-ST-ZIP SUN CITY CENTER FL 33573

☒ Change ☐ Addition
address only

TITLE VD
NAME SWEAT, JOHN H
STREET ADDRESS P.O. BOX 772 N/A
CITY-ST-ZIP GIBSONTON FL 33534

☒ Delete

TITLE V
NAME DAVID HARDEN
STREET ADDRESS 6211 FLORENCE STREET
CITY-ST-ZIP GIBSONTON FL 33534

☒ Change ☐ Addition

TITLE TD
NAME UNDERWOOD, QUINTON
STREET ADDRESS 10707 DIXON DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME JONES, ALAN
STREET ADDRESS 7717 NUNDY AVE
CITY-ST-ZIP GIBSONTON FL 33534

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Malcolm S. Clements*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813/677-1381



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)