

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90049 033 ****70.00

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1. Entity Name

FIRST BAPTIST CHURCH OF AVON PARK, FLORIDA INC.

Principal Place of Business

**100 N LAKE AVE
 AVON PARK FL 33825-3152**

Mailing Address

**100 N LAKE AVE
 AVON PARK FL 33825-3152**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0862867

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WORDEN, HAROLD C
 100 N LAKE AVE
 AVON PARK FL 33825**

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	VCD	<input checked="" type="checkbox"/> Delete
NAME	LONGSHORE, ERIC	
STREET ADDRESS	1480 N OAK PARK AVE	
CITY-ST-ZIP	AVON PARK FL 33825-2227	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOVELESS, AL	
STREET ADDRESS	804 E BELL ST	
CITY-ST-ZIP	AVON PARK FL 33825-4302	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WORDEN, HAROLD C	
STREET ADDRESS	24 E KENDALL BLVD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	PEAVY, RICHARD	
STREET ADDRESS	2876 W ALBATROSS RD	
CITY-ST-ZIP	AVON PARK FL 33825-9001	
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	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bass, Milton	
STREET ADDRESS	2004 W. Argonaut Rd.	
CITY-ST-ZIP	Avon Park, FL 33825-7901	
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	PCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, John	
STREET ADDRESS	1601 Sunset Dr.	
CITY-ST-ZIP	Sebring, FL 33870-1504	
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: **X [Signature]** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)