

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-20-2002 90039 013 ****61.25

DOCUMENT # N95000000778

1. Entity Name

GREENVILLE BAPTIST CHURCH INCORPORATED

Principal Place of Business

Mailing Address

**640 S. GRAND ST.
 GREENVILLE FL 32331**

**P.O. BOX 27
 GREENVILLE FL 32331**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3395668

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**DAY, LAWRENCE
 NW 10 LOOP
 P O BOX 303
 GREENVILLE FL 32331**

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 **D** Delete
 NAME **DAY, LAWRENCE**
 STREET ADDRESS **NW 10 LOOP PO BOX 303**
 CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE **D** Change Addition
 NAME **Frances C. Ginn**
 STREET ADDRESS **Rt. 3 Box 31**
 CITY-ST-ZIP **Greenville, Fl. 32331**

TITLE **D** Delete
 NAME **BROWN, BOBBY J**
 STREET ADDRESS **RT. 2, BOX 194**
 CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CRUCE, A J**
 STREET ADDRESS **PO BOX 207**
 CITY-ST-ZIP **GREENVILLE FL 32331**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2002

Date

858-948-5611

Daytime Phone

CR2E037 (9/01)