

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90183 020 ****61.25

DOCUMENT # N95000000778

1. Entity Name
GREENVILLE BAPTIST CHURCH INCORPORATED



Principal Place of Business
**640 S. GRAND ST.
GREENVILLE FL 32331**

Mailing Address
**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

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DAY, LAWRENCE	
STREET ADDRESS	NW 10 LOOP PO BOX 303	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, BOBBY J	
STREET ADDRESS	RT. 2, BOX 194	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE	D	<input type="checkbox"/> Delete
NAME	GINN, FRANCES C	
STREET ADDRESS	RT. 3 BOX 31	
CITY-ST-ZIP	GREENVILLE FL 32331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARROW Hutto	
STREET ADDRESS	US Hwy 221N P.O. Box 147	
CITY-ST-ZIP	GREENVILLE, FL 32331	
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		<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: Lawrence Day **REQUIRED**

4-7-03

CR2E037 (10/02)