

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003211

1. Entity Name

FRANCIS BAPTIST CHURCH, INC.

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90312 017 ****61.25

Principal Place of Business

155 COUNTY RD 309-C
RT 4 BOX 755
PALATKA FL 32177

Mailing Address

155 COUNTY RD 309-C
RT 4 BOX 755
PALATKA FL 32177

2. Principal Place of Business

155 County Rd 309c

Suite, Apt. #, etc.

3. Mailing Address

155 County Rd 309c

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Palatka, FL

Zip

32177

Country

Zip

32177

Country

4. FEI Number

59-2436471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WILLIAMS, WILLIAM
155 COUNTY RD 309-C
RT 4 BOX 755
PALATKA FL 32177

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
STEPHENS, JERRY
105 OLD RAILROAD LN RT 4
PALATKA FL 32177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BELL, EDNA
132 UNDERWOOD DR RT 5
PALATKA FL 32177

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
STEPHENS, JANET
105 OLD RAILROAD LN
PALATKA FL 32177

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

EDNA BELL

1-29-01

904-325-4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)