

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

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90097 045 ****61.25

DOCUMENT # **N96000003211**

1. Entity Name
FRANCIS BAPTIST CHURCH, INC.



Principal Place of Business
**155 COUNTY RD 309-C
PALATKA FL 32177**

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

2. Principal Place of Business

3. Mailing Address

155 County Rd. 309-C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2436471**

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, JERRY	
STREET ADDRESS	116 JAMES AV	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, RANDY G	
STREET ADDRESS	201 CROOKED CT	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NEAL, ANNA	
STREET ADDRESS	104 RIDGE WOOD AVE	
CITY-ST-ZIP	INTERLACHEN FL 32148	
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	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Keith	
STREET ADDRESS	160 Confederate Point Rd.	
CITY-ST-ZIP	Palatka, Fl. 32177	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edna Bell	
STREET ADDRESS	111 Underwood Dr.	
CITY-ST-ZIP	Palatka, Fl. 32177	
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: *Edna Bell* **Edna Bell** 8-4-03 (386) 325-4847

CR2E037 (10/02)