

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90028 022 \*\*\*\*61.25

**DOCUMENT # N96000003550**

1. Entity Name

**FIRST BAPTIST CHURCH OF CROSS CITY, INC.**

Principal Place of Business

Mailing Address

US 19N / PINWOOD DR  
 CROSS CITY FL 32628

P.O. BOX 897  
 CROSS CITY FL 32628-0897

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1508366**

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

7. Name and Address of New Registered Agent

**HOLIFIELD, E G  
 MARVIN MARTIN RD  
 CROSS CITY FL 32628**

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 \_\_\_\_\_ 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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D HOLIFIELD, E.G.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>MARVIN MARTIN RD</b>		
	<b>CROSS CITY FL 32628</b>		
<input type="checkbox"/> Delete	<b>D JONES, MR. LLOYD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>P.O. BOX 34 N/A</b>		
	<b>CROSS CITY-FL 32628-0034</b>		
<input type="checkbox"/> Delete	<b>T VALENTINE, MR. JOHN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>P.O. BOX 414 N/A</b>		
	<b>CROSS CITY FL 32628-0414</b>		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Lloyd Jones  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/20/02 Daytime Phone #: 352-498-507

CR2E037 (9/01)