


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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90145 004 ****61.25

DOCUMENT # N97000002900

1. Entity Name
FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, INC., A NONPROFIT FLORIDA CORPORATION



Principal Place of Business
**46 9TH STREET
APALACHICOLA FL 32320**

Mailing Address
**46 9TH STREET
APALACHICOLA FL 32320**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**WHITE, RICHARD B
103 21ST AVE
APALACHICOLA FL 32320**

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | WHITE, RICHARD B | |
| STREET ADDRESS | 103 21ST AVE | |
| CITY-ST-ZIP | APALACHICOLA FL 32320 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MEDLEY, OSCAR | |
| STREET ADDRESS | 115 AVENUE B | |
| CITY-ST-ZIP | APALACHICOLA FL 32320 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | WHITE, MARJORIE C CLERK | |
| STREET ADDRESS | 103 21ST AVENUE | |
| CITY-ST-ZIP | APALACHICOLA FL 32320 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KEMBRO, GREGORY G | |
| STREET ADDRESS | 1570 LINDEN ROAD | |
| CITY-ST-ZIP | APALACHICOLA FL 32320 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MILLER, JAMES H | |
| STREET ADDRESS | HWY 98 & ISLAND DRIVE | |
| CITY-ST-ZIP | EASTPOINT FL 32328 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VANVLEET, LOUIS | |
| STREET ADDRESS | 30 SHADOW LANE | |
| CITY-ST-ZIP | APALACHICOLA FL 32320 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Larry Griffin | |
| STREET ADDRESS | 981 Wylonda Avenue | |
| CITY-ST-ZIP | Eastpoint FL 32328 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | E. E. Sizemore | |
| STREET ADDRESS | 230 Avenue F | |
| CITY-ST-ZIP | Apalachicola FL 32320 | |
| 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:  Richard B. White 1-20-03 (850)653-9665

CR2E037 (10/02)