


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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90193 010 ****76.25

DOCUMENT # N97000003086

1. Entity Name
FAITH MISSIONARY BAPTIST CHURCH OF BELLE GLADE, INC.



Principal Place of Business
1117 N.W. 12TH ST
BELLE GLADE FL 33430

Mailing Address
POST OFFICE BOX 1282
BELLE GLADE FL 33430



CHECK HERE IF MAKING CHANGES

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

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

City & State

4. FEI Number **65-0413999**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

BURRUS, DERRICK
1226 GRAYSON DRIVE
UNION PARK FL 32825

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 _____ (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	<input checked="" type="checkbox"/> Delete
NAME	RAYNOR, JOHN H
STREET ADDRESS	1143 NE 25TH ST
CITY-ST-ZIP	CLEWISTON FL 33440
TITLE	<input checked="" type="checkbox"/> Delete
NAME	RAULERSON, JOHN
STREET ADDRESS	17060 NW 176TH AVENUE
CITY-ST-ZIP	OKEECHOBEE FL-34952
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BURRUS, THOMAS
STREET ADDRESS	1271 STILLWELL ROAD
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	<input type="checkbox"/> Delete
NAME	Richard Decker
STREET ADDRESS	854 Murdock Blvd
CITY-ST-ZIP	Orlando, FL 32825
TITLE	<input type="checkbox"/> Delete
NAME	Cecil Hall
STREET ADDRESS	5808 Delta St.
CITY-ST-ZIP	Orlando, FL 32807
TITLE	<input type="checkbox"/> Delete
NAME	David Ross
STREET ADDRESS	1322 Birchcreek Dr
CITY-ST-ZIP	Orlando, FL 32828

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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)(j), 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 Decker* **Richard Decker** 1/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/02)