


**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

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
BURRUS, DERRICK
1226 GRAYSON DRIVE
UNION PARK FL 32825

4. FEI Number **65-0413999**

Applied For
 Not Applicable

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

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)