

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90170 004 ****61.25

DOCUMENT # N97000004973

1. Entity Name
FIRST BAPTIST CHURCH OF DANIA HOLDING COMPANY



Principal Place of Business Mailing Address
213 E SHERIDAN ST **213 E SHERIDAN ST**
STE 1 **STE 1**
DANIA FL 33004 **DANIA FL 33004**



CHECK HERE IF MAKING CHANGES

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 **59-0967943** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AUSTIN, RICHARD
213 E SHERIDAN ST
STE 1
DANIA FL 33004

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	PD	<input type="checkbox"/> Delete
NAME	AUSTIN, RICHARD	
STREET ADDRESS	321 SE 3RD PLACE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOX, WILLIAM	
STREET ADDRESS	825 NW 7TH AVE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RENNERT, BRUCE	
STREET ADDRESS	1205 SW 4TH AVE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARBEFEUEILLE, SAMUEL	
STREET ADDRESS	2127 POLK ST APT 1	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOX, ANTOINETTE.	
STREET ADDRESS	825 NW 7 AV	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(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: Antoinette Fox REC Antoinette Fox 01/27/03 954-920-9090

CR2E037 (10/02)