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

DOCUMENT # N98000005507

1. Entity Name



Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90269 036 ****70.00

FILED

FIRST BAPTIST	CHURCH OF	HORSESHOE	BEACH,	INCORPO
RATED				

Principal Place of Business Mailing Address COUNTY RD, 351 AT 2ND. AVE. EAST P.O. BOX 157 HORSESHOE BEACH FL 32648 HORSESHOE BEACH FL 32648 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2749885 City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JENKINS, GREGG Street Address (P.O. Box Number is Not Acceptable) COUNTY RD. 351 AT 9TH STREET HORSESHOE BEACH FL 32648 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 J (NOTE: Register 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Florida Department of State 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TONE TITLE ☐ Delete Change ☐ Addition SPIVEY, JACK D NAME NAME STREET ADDRESS STREET ADDRESS **6TH AVE WEST** CITY-ST-7IP CITY-ST-ZIP HORSESHOE BEACH FL Delete TITLE TITLE ☐ Addition jenkins, ģregg NAME NAME STREET ADDRESS CR 351 @ 9TH ST T STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HORSESHOE BEACH FL TITLE ☐ Delete TITLE NAME CLARK, NORMAN NAME STREET ADDRESS STREET ADDRESS 6TH AVE E CITY-ST-ZIP CITY-ST-ZIP HORSESHOE BEACH FL 32648 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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:

REGNATIBURIA EDIAZUEDI Spive

04-21-03 352-448-2070