

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90216 016 ****61.25

DOCUMENT # 732331

1. Entity Name

FAITH BAPTIST CHURCH OF LAKE BUTLER, FLORIDA, IN C.

Principal Place of Business

Mailing Address

**1200 N.W. 12TH AVE.
P.O. BOX 67
LAKE BUTLER FL 32054**

**1200 N.W. 12TH AVE.
P.O. BOX 67
LAKE BUTLER FL 32054**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDAVID, TERRY
200 NORTH MARION STREET
LAKE CITY FL**

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **OD** ☐ Delete
NAME **TORBERT, WILLIAM E**
STREET ADDRESS **ROUTE 3 BOX 615**
CITY-ST-ZIP **LAKE BUTLER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **OD** ☐ Delete
NAME **ANDREWS, WAYNE**
STREET ADDRESS **RT 4 BOX 3582**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MELTON, OTIS**
STREET ADDRESS **307 S. CHURCH ST.**
CITY-ST-ZIP **STARKE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **OD** ☐ Delete
NAME **KENT, DANNY**
STREET ADDRESS **RT 2 BOX 189**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Otis Melton
OTIS MELTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2002

Date Daytime Phone #

CR2E037 (9/01)