

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90148 008 ****61.25

DOCUMENT # 732698

1. Entity Name

FIRST BAPTIST CHURCH OF WIMAUMA BUILDING CORPORATION, INC.



Principal Place of Business

5701 CAMP STREET
P O BOX 165
WIMAUMA FL 33598

Mailing Address

5701 CAMP STREET
P O BOX 165
WIMAUMA FL 33598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2476819**

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

HAMILTON, FRANK E. JR ESQUIRE
2620 W. KENNEDY BLVD
TAMPA FL 33609

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD BISHOP, J. F.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5150 BISHOP ROAD WIMAUMA, FL 00000	
TITLE NAME	SD SCARBORO, JERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	20539 KEENE ROAD LITHIA, FL 00000	
TITLE NAME	P HASON, PHIL REV Rev. PHIL NASON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1209 N BARNES ST PLANT CITY FL 33563	
TITLE NAME	D ROBERTS, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5409 BONITA DR WIMAUMA FL 33598	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	LARRY BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	P.O. Box 954 Wimauma, FL. 33598	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	P Rev. Phil Nason	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1209 N. Barnes St. Plant City, FL. 33563	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

CRE037 (10/02)

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03 (813) 505-3542