

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90106 030 ****61.25

DOCUMENT # 701354

1. Entity Name
FIRST BAPTIST CHURCH OF PINELLAS PARK.

Principal Place of Business 5495 PARK BOULEVARD PINELLAS PARK FL 34665	Mailing Address 5495 PARK BOULEVARD PINELLAS PARK FL 33781-3325
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2. Principal Place of Business SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME	Country SAME	3. Mailing Address SAME Suite, Apt. #, etc. SAME City & State SAME Zip SAME	Country SAME
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6033537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RICK L (DAVIS, RICKIE L.)
 8069 81ST WAY N
 SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name
NO CHANGE

Street Address (P.O. Box Number is Not Acceptable)
NO CHANGE

City
NO CHANGE

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: Rickie L. Davis Trustee Chairman 01/12/2000
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME DAVIS, RICK (SEE NAME CORRECTION ONLY) STREET ADDRESS 8069 81ST WAY N CITY-ST-ZIP SEMINOLE FL 33777	<input type="checkbox"/> Delete
TITLE NAME CAPERS, TOMMIE STREET ADDRESS 7725 70TH AVE N CITY-ST-ZIP PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Delete
TITLE NAME ROBINSON, WILLIAM STREET ADDRESS 11235 ELMHURST DR CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE NAME SHEA, TERRI STREET ADDRESS 5374 90TH AVE N CITY-ST-ZIP PINELLAS PARK FL 33782	<input type="checkbox"/> Delete
TITLE NAME BLIZZARD, GENE STREET ADDRESS 7738 FAREHAM CT N CITY-ST-ZIP ST PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME DAVIS, RICKIE L. STREET ADDRESS 8069 81ST WAY N CITY-ST-ZIP SEMINOLE, FL 33777	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ROBINSON, LEROY STREET ADDRESS 11007 RUMFORD CT CITY-ST-ZIP PINELLAS PARK, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RICKIE L. DAVIS 01/12/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)