

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707592

1. Entity Name

FORREST AVENUE INDEPENDENT MISSIONARY BAPTIST CH

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90001 017 \*\*\*\*70.00

Principal Place of Business

Mailing Address

200 E 6TH ST  
APOPKA FL 32703

200 E 6TH ST  
APOPKA FL 32703-5320

A U U U D D S S I



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2399903

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HARPER, J. R.  
903 N THOMPSON ROAD  
APOPKA FL 32703

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 **D** ☐ Delete  
NAME **HILL, EGBERT T**  
STREET ADDRESS **8040 SUN VISTA WY**  
CITY-ST-ZIP **ORLANDO FL 33822**

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

TITLE **D** ☐ Delete  
NAME **MCCARVER, BOBBY G**  
STREET ADDRESS **PO BOX 522 N/A**  
CITY-ST-ZIP **ZELLWOOD, FL 00000**

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

TITLE **PD** ☐ Delete  
NAME **HARPER, J. R.**  
STREET ADDRESS **903 N THOMPSON ROAD**  
CITY-ST-ZIP **APOPKA FL**

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

TITLE **S** ☐ Delete  
NAME **HARPER, RUTH**  
STREET ADDRESS **903 N THOMPSON ROAD**  
CITY-ST-ZIP **APOPKA, FL 00000**

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.

**DIRECTOR**

SIGNATURE: *Bobby G. McCarver* **BOBBY G. MCCARVER** 01-05-00 407-886-8241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)