2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709628

1. Entity Name

FIRST BAPTIST CHURCH, INC., OF DELEON SPRINGS, F

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90148 040 ****61.25

Principal Place of Business	Mailing Address
4995 CENTRAL AVE POB 908 DELEON SPRINGS FL 32130	4995 CENTRAL AVE POB 908 DELEON SPRINGS FL 32130-0908

DO NOT WRITE IN THIS SPACE

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 59-1494213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIGELOW, JOHN
5325 AUDUBON AVENUE
P.O. BOX 368
DELEON SPRINGS FL 32130

7. Name and Address of New Registered Agent

Name: Wesley Smith
Street Address (P.O. Box Number is Not Acceptable): 340 Ponce DeLeon Boulevard
City: DeLeon Springs **FL** Zip Code: 32130

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: Wesley Smith *Wesley Smith* 4/26/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T COPELAND, AL 4654 ORANGE DRIVE NORTH DELEON SPRINGS FL 32130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T - Trustee Wesley Smith 340 Ponce DeLeon Boulevard DeLeon Springs, FL. 32130	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POWELL, DAVID 1455 RIDGEWOOD STREET DELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABBOTT, JOSEPH 217 CATALONIA AVENUE DELEON SPRINGS FL 32130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BIGELOW, JOHN 5325 AUDUBON AVENUE DELEON SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HESTER, BILL 4455 CAVE LAKE ROAD DELEON SPRINGS FL 32430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Wesley Smith T Trustee *Wesley Smith* 4/26/00 904-985-4281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #