2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
01-28-2000 90130 028 ****61.25

DOCUMENT # 710139

1. Entity Name

INDEPENDENT BIBLE CHURCH, INC.

Principal Place of Business	Mailing Address
3150 US 1 S ST AUGUSTINE FL 32086-6486 US	3150 US 1 SOUTH ST AUGUSTINE FL 32086-6486 US

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 59-1605751 ☐ 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
DIMARE, W.FRANK 3545 US 1 SOUTH ST AUGUSTINE FL 32086	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 / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNS, JR. FRANK		NAME	
STREET ADDRESS	6245 CR 13 SOUTH		STREET ADDRESS	
CITY-ST-ZIP	HASTINGS FL		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SNELL, FRED G		NAME	
STREET ADDRESS	841 C.R. 13 SOUTH		STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINES, FL 00000		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIMARE, FRANK		NAME	
STREET ADDRESS	4160 CREEKBLUFF RD.		STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000		CITY-ST-ZIP	
	D	☐ Delete	TITLE	☐ Change ☐ Addition
	LOGAN, FRED		NAME	
	433 LOBELLA RD		STREET ADDRESS	
	ST AUGUSTINE FL		CITY-ST-ZIP	
		☐ Delete	TITLE	☐ Change ☐ Addition
			NAME	
			STREET ADDRESS	
			CITY-ST-ZIP	
		☐ Delete	TITLE	☐ Change ☐ Addition
			NAME	
			STREET ADDRESS	
			CITY-ST-ZIP	

CR2E037 (9/99)

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 — Date — Daytime Phone #