

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716204

1. Entity Name

DIXIELAND BAPTIST CHURCH, INC.

Principal Place of Business

404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133

Mailing Address

404 W. BELMAR
P.O. BOX 2133
LAKELAND FL 33806-2133

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

59-2411851

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

ARRINGTON, DAVID
1128 DRIGGERS RD
LAKELAND FL 33809

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 DT ☐ Delete
NAME ARRINGTON, DAVID
STREET ADDRESS 1128 DRIGGERS ROAD
CITY-ST-ZIP LAKELAND FL

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

TITLE DT ☐ Delete
NAME IMES, HOWARD
STREET ADDRESS 609 CAREY PLACE
CITY-ST-ZIP LAKELAND FL

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

TITLE DT ☐ Delete
NAME WHITE, RUTH
STREET ADDRESS 707 PARK ST
CITY-ST-ZIP LAKELAND FL

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

TITLE TT ☐ Delete
NAME IMES, TERESA
STREET ADDRESS 609 CAREY PLACE
CITY-ST-ZIP LAKELAND FL

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

TITLE DT ☐ Delete
NAME CONNERS, THEODORE
STREET ADDRESS 1104 S LINITAH AVE
CITY-ST-ZIP LAKELAND FL

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

TITLE DT ☐ Delete
NAME MILLER, TERRY
STREET ADDRESS 405 W HANCOCK
CITY-ST-ZIP LAKELAND FL

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 863-8582059
Date Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90240 020 ****61.25



DO NOT WRITE IN THIS SPACE