

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735506

1. Entity Name

EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA

Principal Place of Business

Mailing Address

910 BAY AVE.
DEFUNIAK SPRGS FL 32433

910 BAY AVE.
DEFUNIAK SPRGS FL 32433-2850

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRICE, JOHN
1048 BAY AVENUE
DEFUNIAK SPRGS FL 32433

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 ☐ Delete
NAME D
STREET ADDRESS LAIRD, RALPH
CITY-ST-ZIP P.O. BOX 1745, 52 N. SHORELINE CIR.
DEFUNIAK SPRGS, FL 00000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARROLL, DONALD
CITY-ST-ZIP 2845 COUNTY HWY 183 NORTH
DEFUNIAK SPRGS, FL 00000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GRICE, JOHN
CITY-ST-ZIP 1048 BAY AVENUE
DEFUNIAK SPRGS, FL 00000

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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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.

SIGNATURE:

Donna L. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2000
Date

850/892-2324
Daytime Phone #

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

01-18-2000 90119 030 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1603625
Applied For
Not Applicable

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

CR2E037 (9/99)