

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758930

1. Entity Name

FORT WHITE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 187  
FORT WHITE FL 32038  
US

P.O. BOX 187  
FORT WHITE FL 32038-0187  
US

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 59-2890901

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

EDWARDS, WILBUR  
CORNER OF BRYANT AND EAST WALES STREET  
FT. WHITE FL 32038

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
DIX, WILLIAM G.  
CR ROAD 778 OFF US 27S  
FORT WHITE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
FLOYD, EDWARD  
COR OF CR 18 & MEMORIAL DRIVE  
FT WHITE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
DIX, RUTH  
CR 778 OFF US 27S  
FT WHITE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
EDWARDS, LORINE  
COR N BRYANT & E. WALES STREET  
FT. WHITE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
FOWLER, JANICE  
CABOOSE RD  
FT WHITE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTR  
EDWARDS, WILBUR  
COR OF N BRYANT & E WALES STREET  
FT. WHITE FL ☐ Delete

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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: *W. G. DIX*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

904-454-4091  
Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90038 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE