

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90093 005 ****61.25

DOCUMENT # 770005

1. Entity Name

CONCORD BAPTIST CHURCH OF CHIEFLAND, INC.

Principal Place of Business

Mailing Address

5551 N.W. COUNTY RD. 336
 CHIEFLND FL 32626

5551 N.W. COUNTY RD. 336
 CHIEFLAND FL 32626-6818

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2329614

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CASON, LEO
10771 N.W. 72ND CT.
CHIEFLND FL 32626

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	D	<input type="checkbox"/> Delete
NAME	WEBSTER, JOHN S	
STREET ADDRESS	P.O. BOX 250 N/A	
CITY-ST-ZIP	CHIEFLND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINCEY, JACK	
STREET ADDRESS	P.O. BOX 157 N/A	
CITY-ST-ZIP	CHIEFLND FL 32644	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYHUGH, DOYLE	
STREET ADDRESS	2511 N.W. 74TH AVE.	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASON, LEO	
STREET ADDRESS	10771 NW 72ND CT.	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John S Webster* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23, 2000
 Date

Daytime Phone #

CR2E037 (9/99)