

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05560**

1. Entity Name

THE FRIENDSHIP BAPTIST CHURCH OF EDGEWATER, FLOR**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90096 024 ****61.25

Principal Place of Business

**2108 HIBISCUS DR.
EDGEWATER FL 32141-4008**

Mailing Address

**2108 HIBISCUS DR.
EDGEWATER FL 32141-4008**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2462411

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCARDEL, TIMOTHY C
2108 HIBISCUS DR.
EDGEWATER FL 32141-4008**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **HORVATH, DAVID**
STREET ADDRESS **2513 NEEDLE PALM DRIVE**
CITY-ST-ZIP **EDGEWATER FL**TITLE **D** ☐ Delete
NAME **MCCARDEL, TIMOTHY C**
STREET ADDRESS **2108 HIBISCUS DR.**
CITY-ST-ZIP **EDGEWATER FL 32141-4008**TITLE **D** ☐ Delete
NAME **LONG, WILLIAM**
STREET ADDRESS **2727 BANYAN ST**
CITY-ST-ZIP **EDGEWATER FL 32141**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

TIMOTHY C. MCCARDEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**04-10-00**
Date**904-423-4846**
Daytime Phone #

CP2E037 (9/99)