

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28997

1. Entity Name

HILLCREST BAPTIST CHURCH OF MASCOTTE, FLORIDA, I

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90257 011 ****61.25

Principal Place of Business

Mailing Address

215 THOMAS STREET
 MASCOTTE FL 34753

P.O. BOX 186
 MASCOTTE FL 34753-0186

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

NOT APPLICABLE

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

HOWARD, CHARLES
 6629 WYNN LANE
 GROVELAND FL 34736

Name Martha Van Duyne
 Street Address (P.O. Box Number is Not Acceptable)
12007 S.R. 33, South
 City Groveland FL Zip Code 34736

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

Martha Van Duyne

4/26/00

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	BALDWIN, WILLIAM	
STREET ADDRESS	150 SUNSET STREET	
CITY-ST-ZIP	GROVELAND FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, CHARLES	
STREET ADDRESS	6629 WYNN LANE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLRED, EARL	
STREET ADDRESS	152 KNIGHT ST	
CITY-ST-ZIP	MASCOTTE FL 34753	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Van Duyne	
STREET ADDRESS	12007 S.R. 33, South	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Martha Van Duyne

4/26/00 352-429-4494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)