

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49822

1. Entity Name

MADISON STREET BAPTIST CHURCH

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90797 005 ****61.25

Principal Place of Business

900 W MADISON ST
 STARKE FL 32091

Mailing Address

900 W MADISON ST
 STARKE FL 32091-3017

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 **59-6032858**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, TOMMY
 RR2 BOX 3045
 STARKE FL 32091

7. Name and Address of New Registered Agent

Name **Larry Nazworth**
 Street Address (P.O. Box Number is Not Acceptable)
1106 W Madison St
 City **Starke** FL Zip Code **32091**

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

Larry Nazworth, Chairman 4/25/00
 (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	TR	<input type="checkbox"/> Delete
NAME	HODGES, MARK	
STREET ADDRESS	7803 SW CR 18	
CITY-ST-ZIP	HAMPTON FL 32044	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MILLER, TOMMY	
STREET ADDRESS	RR 2, BOX 3045	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	TR	<input type="checkbox"/> Delete
NAME	NEWMANS, DON	
STREET ADDRESS	RR 4 BOX 297	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	TR	<input type="checkbox"/> Delete
NAME	NAZWORTH, LARRY	
STREET ADDRESS	502 SW 14TH STREET	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BLALOCK, CHARLES	
STREET ADDRESS	523 BUCUD ST.	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	TR	<input checked="" type="checkbox"/> ADD
NAME	Skinner, Daniel	
STREET ADDRESS	RR 1 BOX 771	
CITY-ST-ZIP	Starke, FL 32091	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moore, Len	
STREET ADDRESS	1327 Bessent Rd	
CITY-ST-ZIP	Starke, FL 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1106 W. madison St.	
CITY-ST-ZIP	Starke, FL 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wainwright, Wayne	
STREET ADDRESS	RR 4 BOX 209	
CITY-ST-ZIP	Starke FL 32091	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Larry Nazworth, Chairman** (904) 368-0981
 Date Daytime Phone #

CR2E037 (9/99)