

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002433

1. Entity Name

FIRST BAPTIST CHURCH OF WALDO, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90058 030 \*\*\*\*61.25

Principal Place of Business POST OFFICE BOX 216 WALDO FL 32694	Mailing Address POST OFFICE BOX 216 WALDO FL 32694-0216
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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	
Zip	Country	Zip	Country

4. FEI Number <b>59-1864019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

~~BROWN, AUSE~~  
~~4010 NEWBERRY ROAD STE. F~~  
~~GAINESVILLE FL 32607~~

7. Name and Address of New Registered Agent

Name **Mr. Drennen Whitmire**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16704 NE 124th Street**  
 City **Waldo** FL Zip Code **32694**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<del>HUGULEY, JOHN MR.</del>	
STREET ADDRESS	<del>48 NW 3RD STREET</del>	
CITY-ST-ZIP	<del>WALDO FL 32694</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSE, CHRISTOPHER H	
STREET ADDRESS	18803 HIGHWAY 301 NORTH	
CITY-ST-ZIP	WALDO FL 32694	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROOKER, BETTY MS.	
STREET ADDRESS	162 SE 1ST AVE.	
CITY-ST-ZIP	WALDO FL 32694	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. William P. DeSha	
STREET ADDRESS	P.O. Box 221	
CITY-ST-ZIP	Waldo, Florida 32694	
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		
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)(l), 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: Betty Brooker **REQUIRED** 4/18/00 (352) 468-1721  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)