

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-19-2001 90068 032 ****61.25

DOCUMENT # N94000002433

1. Entity Name

FIRST BAPTIST CHURCH OF WALDO, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 216
 WALDO FL 32694

POST OFFICE BOX 216
 WALDO FL 32694

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 **59-1864019**

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

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

Name: **Drennen Whitmire**
 Street Address (P.O. Box Number Is Not Acceptable)
16704 NE 124 St.
 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

Drennen Whitmire
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4 March 2001

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	T	<input checked="" type="checkbox"/> Delete
NAME	HUGULEY, JOHN MR.	
STREET ADDRESS	48 NW 3RD STREET	
CITY-ST-ZIP	WALDO FL 32694	
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		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perry William DeSha	
STREET ADDRESS	P.O. Box 221	
CITY-ST-ZIP	Waldo, FL 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)(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:

Betty Brooker
Betty Brooker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-01 **352-468-1721**
 Date Daytime Phone #

CR2E037 (10/00)