

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004314

1. Entity Name

FIRST BAPTIST CHURCH OF SEVILLE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90067 010 ****61.25

Principal Place of Business

Mailing Address

200 NORTH CHURCH ST.
SEVILLE FL 32190-0127

P.O. BOX 127
SEVILLE FL 32190-0127



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

59-2119484

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PURVIS, JAMES E
600 PURVIS RD.
SEVILLE FL 32190

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:
FEES 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	TP	☐ Delete
NAME	BOYETTE, GASTON W	
STREET ADDRESS	566 TURKEY SHOOT RD P O BOX 86	
CITY-ST-ZIP	SEVILLE FL 32190	
TITLE	TST	☐ Delete
NAME	MEW, CLAY	
STREET ADDRESS	132 PARK DR P O BOX 358	
CITY-ST-ZIP	SEVILLE FL 32190	
TITLE	TV	☐ Delete
NAME	GAMBLE, GREG V	
STREET ADDRESS	2400 CADE FERNERY RD	
CITY-ST-ZIP	SEVILLE FL	
TITLE	T	☐ Delete
NAME	HAYNES, RUSSELL	
STREET ADDRESS	570 RAULERSON RD	
CITY-ST-ZIP	SEVILLE FL	
TITLE	T	☐ Delete
NAME	MEW, LANCE	
STREET ADDRESS	235 LAKE GEORGE RD P O BOX 246	
CITY-ST-ZIP	SEVILLE FL 32190	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Gaston W. Boyette **REGISTERED** *G. W. Boyette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-00

Date

(904) 749-4376

Daytime Phone #

CR2E037 (9/99)