

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N94000006001**

1. Entity Name

**THE FLORIDA STATE ASSOCIATION OF FREE WILL BAPTIST**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90144 030 \*\*\*\*61.25

Principal Place of Business      Mailing Address  
**2156 54TH AVENUE**      **2156 54TH AVENUE**  
**VERO BEACH FL 32966**      **VERO BEACH FL 32966-2168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-2386615**      Not Applicable

Zip      Country      Zip      Country

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**

**BRYANT, RANDALL REV.**  
**2156 54TH AVENUE**  
**VERO BEACH FL 32966**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>BUSER, LONNIE REV.</b>
STREET ADDRESS	<b>5070 PAT PLACE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>OWEN, TIM REV.</b>
STREET ADDRESS	<b>185 E. HAINES BLVD.</b>
CITY-ST-ZIP	<b>LAKE ALFRED FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BRYANT, RANDALL REV.</b>
STREET ADDRESS	<b>2156 54TH AVENUE</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>COLLINS, TOM</b>
STREET ADDRESS	<b>2248 PALMVIEW CIRCLE</b>
CITY-ST-ZIP	<b>AUBURNDALE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jackson, David Randall Rev.</b>
STREET ADDRESS	<b>981 Sabal Grove Drive</b>
CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
TITLE	<b>D</b> (Address) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Owen, Tim Rev.</b>
STREET ADDRESS	<b>113 North Pointe Drive</b>
CITY-ST-ZIP	<b>Auburndale, FL 33823</b>
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: *Tom Collins* **REQUIRED**      1/24/00      (561) 567-1956  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #