2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90018 022 ****70.00

DOCUMENT # 743376

1. Entity Name

THE FIRST BAPTIST CHURCH OF BRANFORD, INC.

Principal Place of Business	Mailing Address
503 SWUANNEE AVE BRANFORD FL 32008	PO BOX 853 BRANFORD FL 32008-0853

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 59-1203217 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, JOHN L 112 SUWANNEE AVE BRANFORD FL 32008	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLETCHER, ROBERT PO BOX 408 (N/A) BRANFORD FL	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T W.C. Thomas 25045 C.R. 137 O'BRIEN, FL 32071	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRIERSON, WD 7731 CR 248 O'BRIEN FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLEY, KEVIN 7701 290TH STREET BRANFORD FL 32008	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT PERLOWICH, AARON 30279 73RD PL BRANFORD FL	[X] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT KINSEY, TIMOTHY RR4 BOX 138 BRANFORD, FL 32008	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARNES, DAVID PO BOX 131 (N/A) BRANFORD FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALKER, WILLIAM 6542 290TH STREET BRANFORD FL 32008	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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: [illegible] REQUIRED 01-26-2000 (904) 935-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #