

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 037 ****61.25

DOCUMENT # 701708

1. Entity Name

THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

Principal Place of Business

Mailing Address

**125 W ANDERSON AVE
BUSHNELL FL 33513****125 W ANDERSON AVE
BUSHNELL FL 33513-5921**

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

59-1089791

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

**TODD, CAROLYN
7979 CR 747
BUSHNELL FL 33513**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
☐ Delete	D	TODD, CAROLYN	7979 CR 747 BUSHNELL FL 33513	☐ Change ☐ Addition			
☐ Delete	SD	DEMAREST, CHARITY	2984 CR 617 BUSHNELL FL	☐ Change ☐ Addition			
☐ Delete	D	HARRISON, JULIAN	324 WEST DADE AVE BUSHNELL, FL 00000	☐ Change ☐ Addition			
☐ Delete	D	HAWKINS, RONNIE	P. O. BOX 441 N/A BUSHNELL FL	☐ Change ☐ Addition			
☐ Delete	D	DOLVEN, ROBERT	150 CIR. 532 C. BUSHNELL, FL 00000	☐ Change ☐ Addition			
☐ Delete	TD	MORRIS, RONNIE	309 N. RUTLAND, P.O. BOX 55 BUSHNELL, FL 00000	☐ 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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/9/2000** **352-793-4612**
Date Daytime Phone #

CR2E037 (9/99)