

2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90093-045-\$61.25-\$61.25

DOCUMENT # 732629

1. Entity Name

TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH,

FILED

00 FEB 28 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

RT 315 NO
PO BOX 108
INTERLACHEN FL 32148

RT 315 NO
PO BOX 108
INTERLACHEN FL 32148-0108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOVER, RICHARD
105 SHORT STREET
INTERLACHEN FL 32148

Name

Gail Ensor

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

Interlachen FL 32148

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

TITLE ☐ Delete
NAME GLOVER, RICHARD
STREET ADDRESS 105 SHORT ST
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ Delete
NAME DCT ENSOR, GAIL G
STREET ADDRESS P.O. BOX 1252
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ Delete
NAME T AUTRY, LEON
STREET ADDRESS 161 WALKER DRIVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME T McCALLISTER, JAMES
STREET ADDRESS 106 SUSAN ROAD
CITY-ST-ZIP HAWTHORNE, FL 32640

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

Daytime Phone #

KE