

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737083

1. Entity Name

FIRST BAPTIST CHURCH OF WILDWOOD, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90002 041 ****61.25

Principal Place of Business 402 OXFORD STREET WILDWOOD FL 34785	Mailing Address 402 OXFORD STREET WILDWOOD FL 34785-4015
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2. Principal Place of Business (above)	3. Mailing Address (above)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1384643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BEAUMONT, JUNE B. HWY. 466-A WILDWOOD FL 34785	7. Name and Address of New Registered Agent Name Ruth Ann Suber Street Address (P.O. Box Number is Not Acceptable) 4898 County Road 114 Wildwood, FL 34785 City FL Zip Code
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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 *Ruth Ann Suber* DATE 5-1-00

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, WILSON E 313 HALL STREET WILDWOOD, FL 00000 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Attaway, Craig S. 313 Hall Street Wildwood, FL 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRENSHAW, GILBERT 9981 COUNTY RD. 209 WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Crenshaw, Gilbert 9981 County Road 209 Wildwood, FL 34785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAUMONT, JUNE B. E. HWY 466-A WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Suber, Ruth Ann 4898 County Road 114 Wildwood, FL 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DYESS, J.A. 8299 COUNTY ROAD 131 WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dyess, Johnnie A. 8299 County Road 131 Wildwood, FL 34785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, CHARLES 8653 COUNTY RD 127 WILDWOOD FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strickland, Charles 8653 County Road 127 Wildwood, FL 34785 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDOX, JUDITH M 2272 NE 120TH TRAIL OXFORD FL 34484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maddox, Judith M. 2272 NE 120th Trail Oxford, FL 34484 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(2)(b), 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: *Ruth Ann Suber* DATE 5-1-00 DAYTIME PHONE # 352-748-1822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)