

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90003 046 ****61.25

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DOCUMENT # N41171

1. Entity Name

FIRST BAPTIST CHURCH OF LAWTEY, INC.

Principal Place of Business

P O BOX 256
ADAMS ST
LAWTEY FL 32058
US

Mailing Address

P O BOX 256
LAWTEY FL 32058
US

C0005187



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

59-3108241

Applied For

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

NORMAN, LARRY
ROUTE 1, BOX 802
LAWTEY FL 32058

Name

JANICE Tyliczka

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

1303 W. Pratt St

City

Starke

FL

Zip Code

32091

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

Janice Tyliczka, Sec.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/01

**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 D
STREET ADDRESS NORMAN, PAUL
CITY-ST-ZIP ROUTE 1, BOX 1124
LAWTEY FL

TITLE ☐ Delete
NAME D
STREET ADDRESS ROSIER, ROBERT
CITY-ST-ZIP RT 1 BOX 707
LAWTEY FL

TITLE ☐ Delete
NAME D
STREET ADDRESS SELLERS, RONNIE
CITY-ST-ZIP P O BOX 1345 N/A
STARKE FL

TITLE ☐ Delete
NAME D
STREET ADDRESS TYLICZKA, ROBERT M
CITY-ST-ZIP 1303 W. PRATT ST
STARKE FL

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Janice Tyliczka

1/9/01

Date

904 964 5637

Daytime Phone #

CR2E037 (10/00)