

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 701708**

1. Entity Name

THE FIRST BAPTIST CHURCH OF BUSHNELL INC.

Principal Place of Business

**125 W ANDERSON AVE
BUSHNELL FL 33513**

Mailing Address

**125 W ANDERSON AVE
BUSHNELL FL 33513**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

7. Name and Address of New Registered Agent

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 *Morris C. Todd*
Signature, typed or printed name of registered agent and title if applicable.*Morris C. Todd*

(NOTE: Registered Agent signature required when reinstating)

2/16/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Todd, Morris C. 7979 CR 747 Bushnell, FL 33513 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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)(j), 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: *Morris C. Todd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*2/16/01*
Date*352-793-3427*
Daytime Phone #**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90338 040 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)