

2000 UNIFORM BUSINESS REPORT, (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

02-22-2000 90057 028 ****61.25

DOCUMENT # 700251

1. Entity Name

FIRST BAPTIST CHURCH OF EATON PARK FLORIDA , INC

Principal Place of Business

Mailing Address

2633 EATON AVE
 P.O. BOX 217
 EATON PARK FL 33840

2633 EATON AVE
 P.O. BOX 217
 EATON PARK FLA 33840-0217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1974679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYALS, RICHARD E
2633 EATON AVE
P O BOX 217
EATON PARK FL 33840

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | AIKEN, FLOYD | |
| STREET ADDRESS | 3121 HUTCHINS ST | |
| CITY-ST-ZIP | EATON PARK FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CRUCE, LANNIE | |
| STREET ADDRESS | 3315 TIMBERLINE ROAD W | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, LEA | |
| STREET ADDRESS | 2711 MAINE AVE | |
| CITY-ST-ZIP | EATON PARK FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Albert Williams | |
| STREET ADDRESS | 2711 Maine Ave. | |
| CITY-ST-ZIP | Eaton Park, FL 33840 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Lannie Cruce

5-9-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #