

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700453

1. Entity Name

FIRST BAPTIST CHURCH, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90111 034 ****61.25

Principal Place of Business 125 EAST PLANT STREET WINTER GARDEN FL 34777-1136 US	Mailing Address 125 EAST PLANT STREET WINTER GARDEN FL 34787-3128 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0839548	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

FAULKNER, WILLIAM H.
1681 SPRING RIDGE CIRCLE
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name: **Faulkner, Jr., William R**
 Street Address (P.O. Box Number is Not Acceptable): **1681 Spring Ridge Circle**
 City: **Winter Garden** FL Zip Code: **34787**

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: *William H Faulkner Jr* DATE: **1/14/00**

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

TITLE	D <input type="checkbox"/> Delete
NAME	ATKINSON, WILLIAM C
STREET ADDRESS	14113 LAKE TILDEN BLVD.
CITY-ST-ZIP	WINTER GARDEN, FL 00000
TITLE	S <input type="checkbox"/> Delete
NAME	CARREKER WALTER
STREET ADDRESS	1419 COLUSO
CITY-ST-ZIP	WINTER GARDEN, FL 00000
TITLE	P <input type="checkbox"/> Delete
NAME	FAULKNER, JR. W H
STREET ADDRESS	1681 E. SPRING RIDGE CIR
CITY-ST-ZIP	WINTER GARDEN, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	SADLER, DOUGLAS
STREET ADDRESS	HWY 438
CITY-ST-ZIP	OAKLAND, FL 00000
TITLE	D <input type="checkbox"/> Delete
NAME	GRIMES, SAUL P
STREET ADDRESS	1016 HULL ISLAND DR
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	T <input type="checkbox"/> Delete
NAME	GILLARD, DENNIS
STREET ADDRESS	114 PENNSYLVANIA AVE
CITY-ST-ZIP	WINTER GARDEN FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *William H Faulkner Jr* **FILED** DATE: **1/14/00** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)