

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700716

FILED
May 16, 2000 8:00 am
Secretary of State

03-03-2000 90244 002 ****70.00

1. Entity Name

FIRST BAPTIST CHURCH OF ELFERS, FLORIDA, INC.

Principal Place of Business

4050 REDLEAF DR
 PO BOX 98
 ELFERS FL 34680

Mailing Address

4050 REDLEAF DR
 PO BOX 98
 ELFERS FL 34680-0098

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1359793

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARNES, CLYTEE
5615 WESSON RD
NEW PORT RICHEY FL 34655

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TO	<input type="checkbox"/> Delete
NAME	MCINROY, EDWARD	
STREET ADDRESS	3328 W JACKSON DRIVE	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	M	<input type="checkbox"/> Delete
NAME	CASTOR, MICHAEL	
STREET ADDRESS	7445 ABINGTON	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, FRED M.	
STREET ADDRESS	4410 CANCEILLE STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	M	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS	
STREET ADDRESS	4849 POMPANO DR	
CITY-ST-ZIP	NEW PT RICHEY, FL 0 34652	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARNES, CLYTEE	
STREET ADDRESS	5615 WESSON RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME	Reed, Jerry Dr.	
STREET ADDRESS	7250 Jasmine Dr.	
CITY-ST-ZIP	New Port Richey FL 34652	

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 checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	Reed, Jerry, Dr.	
CITY-ST-ZIP	7250 Jasmine Dr.	
	New Port Richey, FL 34652	

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:

SIGNATURE: Clytee Harnes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2000
 Date

(727) 849-6352
 Daytime Phone #

CR2E037 (9/99)