

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700814

1. Entity Name

FIRST BAPTIST CHURCH OF FORT WALTON BEACH, FLORI

Principal Place of Business

Mailing Address

21 FIRST STREET, SE
FT WALTON BEACH FL 32548-5868

21 FIRST STREET, SE
FT WALTON BEACH FL 32548-5868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0903306

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

YATES, DR. WESLEY R.
721 REVERE BEACH
FT. WALTON BEACH FL 32547

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

Wesley R. Yates
Wesley R. YATES

1/26/2000

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	PD	<input type="checkbox"/> Delete
NAME	WIMBERLY, CHARLES	
STREET ADDRESS	531 E MIRACLE STRIP PKWY	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SETTERBERG, DONALD	
STREET ADDRESS	11 RUE DE LE ROI ST NE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, WALT	
STREET ADDRESS	12 POPLAR AVENUE	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUGH, MARTIN	
STREET ADDRESS	270 EWING CT N	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLINGSWORTH, BOBBY	
STREET ADDRESS	238 CREWILLA DRIVE	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, BILL	
STREET ADDRESS	171 BEAL PKWY	
CITY-ST-ZIP	FT WALTON BCH FL	

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
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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:

Charles H. Wimberly
CHARLES H. WIMBERLY

3-1-00

850-243-3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90021 024 ****61.25



DO NOT WRITE IN THIS SPACE