

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90082 048 ****61.25

DOCUMENT # 700920
 1. Entity Name
FIRST BAPTIST CHURCH OF GULF BREEZE, INC.

Principal Place of Business Mailing Address
 555 FAIRPOINT DRIVE 555 FAIRPOINT DRIVE
 GULF BREEZE FL 32561 GULF BREEZE FLA 32561-4105

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

4. FEI Number Applied For
59-6018377 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 REGISTER, JOHN F.
 2812 OAK RIDGE DR.
 GULF BREEZE FL 32561

7. Name and Address of New Registered Agent
 Name: REGISTER, JOHN F
 Street Address (P.O. Box Number is Not Acceptable): 1167 JAGUAR CIR
 City: GULF BREEZE FL Zip Code: 32561

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: *John F Register* DATE: 1/24/00
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. **\$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 NAME: SWINDELL, JOHN JR STREET ADDRESS: 331 ANDREW JACKSON TRAIL CITY-ST-ZIP: GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: WISE, FLOYD STREET ADDRESS: 108 NORWICH DR CITY-ST-ZIP: GULF BREEZE, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SMITHEY, BILL STREET ADDRESS: 1519 BAYWOODS RD CITY-ST-ZIP: GULF BREEZE FL	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: BAKER, PETE STREET ADDRESS: 2820 OAK RIDGE CITY-ST-ZIP: GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: FORMAN, DARRELL STREET ADDRESS: 2849 WHISPER BAY BLVD CITY-ST-ZIP: GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: REGISTER, JOHN STREET ADDRESS: 1167 JAGUAR CIR CITY-ST-ZIP: GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BULLA, BILL STREET ADDRESS: 2963 BAY STREET CITY-ST-ZIP: GULF BREEZE FL 32561	<input type="checkbox"/> Delete	TITLE: D NAME: GILSTRAP, JOSEPH STREET ADDRESS: 2428 RESERVATION RD CITY-ST-ZIP: GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GRIMES, JERRY STREET ADDRESS: 1604-A GREENBRIAR PKWY CITY-ST-ZIP: GULF BREEZE FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: HALES, JAMES STREET ADDRESS: 231 SABINE DR CITY-ST-ZIP: PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *FLOYD W WISE* DATE: 1/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)