

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90156 042 \*\*\*\*61.25

**DOCUMENT # 701933**

1. Entity Name

**FIRST BAPTIST CHURCH OF DESTIN FLORIDA INC.**

Principal Place of Business

Mailing Address

201 BEACH DRIVE  
 P O BOX 128  
 DESTIN FL 32541

P O BOX 128  
 P O BOX 128  
 DESTIN FL 32540-0128  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2352093**

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

PARIS, ALBERT  
 18374 HWY 3315  
 RT 2 BOX 101  
 FREEPORT FL 32439

Name Albert Paris  
 Street Address (P.O. Box Number is Not Acceptable)

18374 Hwy 331 South  
 City Freeport FL Zip Code 32439

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/00

**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 NAME	PD PARIS, ALBERT	<input type="checkbox"/> Delete
STREET ADDRESS	RT 2 BOX 101	
CITY-ST-ZIP	FREEPORT FL	
TITLE NAME	TD READY, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	516 KELLY ST.	
CITY-ST-ZIP	DESTIN FL	
TITLE NAME	T HORTON, W P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	365 GULFSHORE DRIVE #5	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	T John Anderson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	743 Bayou Dr.	
CITY-ST-ZIP	Destin, Florida 32541	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Albert Paris  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/26/00 DAYTIME PHONE # 850-837-6515