

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90022 028 ****61.25

DOCUMENT # 702969

1. Entity Name

THE FIRST BAPTIST CHURCH OF COLEMAN, INC.

Principal Place of Business

Mailing Address

1512 CENTRAL AVENUE
 P.O. BOX 421
 COLEMAN FL 33521
 US

P.O. BOX 421
 1512 CENTRAL AVENUE
 COLEMAN FL 33521-0421
 US

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

59-2350251

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDEN, LINDA
 4766 CR 118
 WILDWOOD FL 34785

Name

SARAH BEAULIEU

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

123 SOUTH COMMERCIAL

City

COLEMAN

FL

Zip Code

33521

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

Sarah Beaulieu

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

**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	T	<input type="checkbox"/> Delete
NAME	BEAULIEU, SARAH	
STREET ADDRESS	123 S COMMERCIAL	
CITY-ST-ZIP	COLEMAN FL 33521	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WADE, FRANK	
STREET ADDRESS	N MIZELL STREET	
CITY-ST-ZIP	COLEMAN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHILDERS, DOUG	
STREET ADDRESS	409 S. MAIN STREET	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	T	<input type="checkbox"/> Delete
NAME	WYCHOFF, DAVID	
STREET ADDRESS	3413 NE 31ST TERRACE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SARAH BEAULIEU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (352)
 Date Daytime Phone #