

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702981

1. Entity Name

TRUSTEE CORPORATION OF FIRST BAPTIST CHURCH OF P

Principal Place of Business

Mailing Address

20035 QUESADA AVE.  
PORT CHARLOTTE FL 33952

20035 QUESADA AVE.  
PORT CHARLOTTE FL 33952-1112

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

59-1004783

Applied For

Not Applicable

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

CUNNINGHAM, J.H.  
2038 CARPETGREEN STREET  
PORT CHARLOTTE FL 33948

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	KIBELBEK, JOSEPH	756 PHYLLIS ST.	PORT CHARLOTTE, FL 00000	<input checked="" type="checkbox"/>	D	David Ferguson	20035 Quesada Ave. Pt. Charlotte	FL 33952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	AVERY, LYLE	546 ORANGE DR	PORT CHARLOTTE, FL 00000	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CUNNINGHAM, J.H.	2038 CARPETGREEN STREET	PORT CHARLOTTE FL 33948	<input type="checkbox"/>	D	George Cochran	20035 Quesada Ave	Pt. Charlotte, FL 33952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)