

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704028

1. Entity Name

FIRST BAPTIST CHURCH OF COTTONDALE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90060 012 ****61.25

Principal Place of Business POST OFFICE BOX 128 MAIN AND PARK STREET COTTONDALE FL 32431	Mailing Address POST OFFICE BOX 128 MAIN AND PARK STREET COTTONDALE FLA 32431-0128
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2326155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNS, DON
2583 DOGWOOD DR.
P. O. BOX 341
COTTONDALE FL 32431

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 _____ DATE _____
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	D <input type="checkbox"/> Delete
NAME	YON, HILTON
STREET ADDRESS	2750 WHY. 231
CITY-ST-ZIP	COTTONDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	REEVES, DOYLE
STREET ADDRESS	3188 MAIN STREET
CITY-ST-ZIP	COTTONDALE FL 32431
TITLE	D <input type="checkbox"/> Delete
NAME	REGISTER, ELTON
STREET ADDRESS	2643 MILTON STREET
CITY-ST-ZIP	COTTONDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNS, DON
STREET ADDRESS	2583 DOGWOOD DRIVE
CITY-ST-ZIP	COTTONDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	DIESNER, BRUCE
STREET ADDRESS	2886 BUTTERCUP LANE
CITY-ST-ZIP	COTTONDALE FL
TITLE	<input type="checkbox"/> Delete
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
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
NAME	
STREET ADDRESS	
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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000
Date

Daytime Phone #

CR2E037 (9/99)