

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 23, 2001 8:00 am
Secretary of State

05-01-2001 90050 027 ****61.25

DOCUMENT # 704585

1. Entity Name

FIRST BAPTIST CHURCH OF MOORE HAVEN, INC.

Principal Place of Business

Mailing Address

AVE "J" AND 3RD ST
 PO BOX 566
 MOORE HAVEN FL 33471

AVE "J" AND 3RD ST
 PO BOX 566
 MOORE HAVEN FL 33471

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

59-1885288

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

Name

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

City

FL

Zip Code

SMITH, JOHN, JR.
AVENUE O & 6TH STREET
MOORE HAVEN FL 33471

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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | JONES, MICHAEL | |
| STREET ADDRESS | 698 AVE 5TH | |
| CITY-ST-ZIP | MOORE HAVEN FL 33471 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRIFFIN, DENNIS | |
| STREET ADDRESS | 1115 FOXMOOR ST | |
| CITY-ST-ZIP | MOORE HAVEN FL 33471 | |
| TITLE | SDAT | <input type="checkbox"/> Delete |
| NAME | HOUSE, SUZANNE | |
| STREET ADDRESS | 951 DANIELS RD | |
| CITY-ST-ZIP | MOORE HAVEN FL 33471 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| 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 | SDAT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAUSE, SUZANNE | |
| STREET ADDRESS | 951 DANIEL RD | |
| CITY-ST-ZIP | MOORE HAVEN .FL 33471 | |
| 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: Suzanne Hause Sandra Parker 4-25-01 863-946-0844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Suzanne Hause SUZANNE HAUSE (863)
5-21-2001 946-0844

CR2E037 (10/00)