2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State **DOCUMENT # 705556** 1. Entity Name THE FIRST BAPTIST CHURCH OF COTTAGE HILL, FLORID 04-21-2000 90177 046 ****61.25 Principal Place of Business Mailing Address 230 WILLIAMS DITCH RD 230 WILLIAMS DITCH RD CANTONMENT FL 32533 CANTONMENT FL 32533-8253 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State -City & State 4. FEI Number 59-2327311 Not Applicable Zip Country \$8:75 Additional 5. Certificate of Status Desired 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) **ENFINGER, RANDY** 6673 CHESTNUT MOLINO FL 32577 Zip Code City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition PD Delete TITLE ☐ Change TITLE Robertson William CHILDRESS, CLARK NAME NAME 1426 McKenzie Road STREET ADDRESS OLD CHEMSTRAND RD STREET ADDRESS Cantonment, FL 32533 CITY-ST-ZIP CITY-ST-ZIP **GONZALEZ FL 32560** Addition **X** Delete TITLE ☐ Change TITLE Čutler, Bobby ROBERTSON, WILLIAM NAME NAME 923 me Kenzie Rd STREET ADDRESS STREET ADDRESS 1426 MCKENZIE lantonment FL 32533 CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL 32533 **Addition** Delete ☐ Change TITLE TITI F PUKISSON, MIKE STEELEY, VERNEDA NAME NAME STREET ADDRESS 1455 HWY 95A North STREET ADDRESS 2450 EASTMEN CITY-ST-ZIP antonment, FL 32533 CITY-ST-ZIP **CANTONMENT FL 32533** ☐ Addition TITLE Change TITLE ☐ Delete BANE, BOBBY JOE NAME NAME STREET ADDRESS STREET ADDRESS 2508 ELNA RD CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL Addition TITLE ☐ Delete TITLE ☐ Change PALMER, WAYNE NAME NAME 2449 CROCKETT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL 32533 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR