

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90360 034 *****61.25

0023447

DOCUMENT # 708394

1. Entity Name

FIRST BAPTIST CHURCH HOLDING COMPANY

Principal Place of Business

2395 KENTUCKY AVE
 MIMS FL 32754
 US

Mailing Address

2395 KENTUCKY AVE
 MIMS FL 32754
 US

2. Principal Place of Business

2395 Kentucky Avenue
 Suite, Apt. #, etc.

3. Mailing Address

2395 Kentucky Avenue
 Suite, Apt. #, etc.

City & State

Mims, Florida

City & State

Mims, Florida

4. FEI Number

59-0992910

Applied For

Not Applicable

Zip

32754

Country

USA

Zip

32754

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BARE, CAMDEN R
 3610 GRANTLINE RD., E.
 MIMS FL 32754

7. Name and Address of New Registered Agent

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

TITLE	PD	☐ Delete
NAME	BARE, CAMDEN R	
STREET ADDRESS	3610 GRANTLINE RD. EAST	
CITY-ST-ZIP	MIMS FL	
TITLE	SD	☐ Delete
NAME	SHEALY, J.T.	
STREET ADDRESS	2111 TURPENTINE RD POB84	
CITY-ST-ZIP	MIMS FL	
TITLE	SD	☐ Delete
NAME	BIERMAN, LARRY	
STREET ADDRESS	4570 N. US #1	
CITY-ST-ZIP	MIMS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY R. BIERMAN

4/19/2001

Date

Daytime Phone #

321-267-4436

CR2E037 (10/00)