

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90230 040 ****61.25

DOCUMENT # 708711

1. Entity Name

FIRST BAPTIST CHURCH OF AUBURNDALE, FLORIDA, INC

Principal Place of Business

Mailing Address

300 S. MAIN ST.
 P O BOX 367 (338230367)
 AUBURNDALE FL 33823-1102
 US

300 S. MAIN ST.
 P O BOX 367 (338230367)
 AUBURNDALE FLA 33823-4102
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0637835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHESSER, JOHN
204 LAKE DALE DR
AUBURNDALE FL 33823

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 **TD** Delete
 NAME **ERNST, ROBERT E**
 STREET ADDRESS **101 LAKEVIEW DRIVE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE **PCD** Delete
 NAME **CHESSER, JOHN**
 STREET ADDRESS **204 LAKE DALE DR**
 CITY-ST-ZIP **AUBURNDALE FL**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE **VD** Delete
 NAME **BAUERSACHS, BOB**
 STREET ADDRESS **413 SOUTHAMPTON BLVD**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE **S** Delete
 NAME **AGRELLA, SHIRLEY**
 STREET ADDRESS **1210 PATTI LANE**
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE Change Addition
 NAME Change Addition
 STREET ADDRESS Change Addition
 CITY-ST-ZIP Change Addition

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: **JOHN CHESSER**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-00 **863-967-4484**
 Date Daytime Phone #

CFR037 (9/99)