

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709145

1. Entity Name

FIRST BAPTIST CHURCH OF CENTER HILL, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 012 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 151
 SOUTH VIRGINIA AVE.
 CENTER HILL FL 33514

P.O. BOX 151
 SOUTH VIRGINIA AVE.
 CENTER HILL FL 33514-0151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1975778

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BRANCH, BILL
 PINE STREET
 CENTER HILL FL 33514

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 *Bill of Branch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-00

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

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TITLE VP <input checked="" type="checkbox"/> Delete NAME BRANNEN, RAY STREET ADDRESS MAGNOLIA AVE CITY-ST-ZIP CENTER HILL FL	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Treffeisen, Allen STREET ADDRESS PO Box 199 CITY-ST-ZIP Center Hill FL 33514
TITLE P <input checked="" type="checkbox"/> Delete NAME HIGGINS, ROBERT STREET ADDRESS P.O. BOX 151 N/A CITY-ST-ZIP CENTER HILL FL	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME McDowell, Mark STREET ADDRESS PO Box 151 CITY-ST-ZIP Center Hill FL 33514
TITLE D <input type="checkbox"/> Delete NAME CARTER, A J STREET ADDRESS HWY 48 CITY-ST-ZIP CENTER HILL FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE T <input type="checkbox"/> Delete NAME BROWN, JOAN STREET ADDRESS VIRGINA AVE. CITY-ST-ZIP CENTER HILL FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> Delete NAME HESS, GARNETT STREET ADDRESS HWY 48 CITY-ST-ZIP CENTER HILL FL	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Thompson, James STREET ADDRESS PO Box 563 CITY-ST-ZIP Center Hill FL 33514
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

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: *MIGNM-ORE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 (352) 793-2119
 Date Daytime Phone #

CR2E037 (9/99)