

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90031 008 \*\*\*\*61.25

**DOCUMENT # 709145**

1. Entity Name

**FIRST BAPTIST CHURCH OF CENTER HILL, INC.**

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

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

DO NOT WRITE IN THIS SPACE



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 **Billy J. BRANCH**

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

*Billy J. Branch*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-31-01**

**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  Delete  
 NAME VP  
 STREET ADDRESS TREFFEISEN, ALLEN  
 CITY-ST-ZIP PO BOX 199  
 CENTER HILL FL 33514

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME P  
 STREET ADDRESS MCDOWELL, MARK  
 CITY-ST-ZIP PO BOX 151  
 CENTER HILL FL 33514

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS CARTER, A J  
 CITY-ST-ZIP HWY 48  
 CENTER HILL FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME T  
 STREET ADDRESS BROWN, JOAN  
 CITY-ST-ZIP VIRGINA AVE.  
 CENTER HILL FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME D  
 STREET ADDRESS THOMPSON, JAMES  
 CITY-ST-ZIP PO BOX 563  
 CENTER HILL FL 33514

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/2001**

Date

Daytime Phone #

CR2E037 (10/00)