

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709920

1. Entity Name

FIRST BAPTIST CHURCH OF BASINGER, FLORIDA, INC.

Principal Place of Business

Mailing Address

19836 HWY 98 N.
OKEECHOBEE FL 34972

19836 HWY 98 N.
OKEECHOBEE FL 34972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0030017

Applied For

Not Applicable

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

CONELY III, TOM W.
207 N.W. 2ND STREET
OKEECHOBEE FL 33472

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MCGEE, BEULAH
177 RAM ROAD
LORIDA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MCDUGALD, MARGARET
16920 NW 203 RD ST
OKEECHOBEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MCDUGALD, CHARLES S.
16920 NW 203 RD ST
OKEECHOBEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beulah McGee

Jan. 9, 2001 (863) 763-6517

Date

Daytime Phone #

CR2E037 (10/00)

0083445

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90005 008 ****61.25

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DO NOT WRITE IN THIS SPACE