

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711597

1. Entity Name

FIRST BAPTIST CHURCH OF AURANTIA, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 048 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3953 FAIRFAX DRIVE
P.O. BOX 96
MIMS FL 32754-0096

3953 FAIRFAX DRIVE
P.O. BOX 96
MIMS FL 32754-0096

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2349256

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

LUCIER, MARY
4965 HARRISON RD
MIAMI FL 32754

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 PD
NAME AVERILL, TOM
STREET ADDRESS 3941 SERLINE STREET
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

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

TITLE VD
NAME CLAY, ROBERT
STREET ADDRESS 1263 LITTLE OAK CIR
CITY-ST-ZIP TITUSVILLE FL 32720 ☒ Delete

TITLE
NAME PARKER, MARJORIE
STREET ADDRESS 1135 Hilltop Drive
CITY-ST-ZIP Titusville, FL 32796 ☒ Change ☐ Addition

TITLE VD
NAME MCLENDON, CYRIL
STREET ADDRESS 3542 ELLIS LANE
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

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

TITLE SD
NAME LUCIER, MARY
STREET ADDRESS 4965 HARRISON RD.
CITY-ST-ZIP MIMS FL 32754 ☐ Delete

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

TITLE T
NAME JOHNSTON, VIRGINIA A
STREET ADDRESS 5720 SEMINOLE ST.
CITY-ST-ZIP SCOTTSMOOR FL 32755 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-269-1618
01/31/00 321-267-9258

CR2E037 (9/99)