## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 20, 2001 8:00 am **DOCUMENT # 711632 Secretary of State** 1. Entity Name 06-20-2001 90008 014 \*\*\*\*61.25 FIRST BAPTIST CHURCH, INCORPORATED, OF CHIEFLAND Mailing Address Principal Place of Business 511 NORTH YOUNG BLVD P.O. BOX 2270 ANN74338 CHIEFLAND FL 32644 CHIEFLAND FL 32644 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc.. Suite, Apt. #, etc. ✓ Applied For City & State City & State 59-1776911 Not Applicable Country Zip Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEAUCHAMP, W.O. JR. 12951 NW 10 AVENUE CHIEFLAND FL 32626 City 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 MOTE Registered Agent signature required when reinstating) registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) ☐ Addition ☐ Change ☐ Delete TITLE TITLE LOWE, BEVERLY NAME NAME STREET ADDRESS 6450 NW 115 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-782 CHIEFLAND FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE BEAUCHAMP, JERRY NAME NAME STREET ADDRESS 13150 N. BRONSON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 ☐ Change ☐ Addition TITLE ☐ Delete TITLE LANGSTON, ART NAME NAME STREET ADDRESS P.O. BOX 868 N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIEFLAND FL ☐ Change ☐ Addition . Delete TITLE CROSS, KEN NAME NAME P.O. BOX 1443 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIEFLAND FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 jeceiver or trustee emptywered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

changed, or on an at

ment with an address

**FILED** 

362-493-1481