

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712713

1. Entity Name

FIRST BAPTIST CHURCH OF FT. LAUDERDALE, INC.

Principal Place of Business

301 EAST BROWARD BOULEVARD  
FORT LAUDERDALE FL 33301

Mailing Address

301 EAST BROWARD BOULEVARD  
FORT LAUDERDALE FLA 33301-1940

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0751914

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAY, PAUL M  
301 E. BROWARD BLVD.  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

James W. Geiger

Street Address (P.O. Box Number is Not Acceptable)

2831 N.E. 21 COURT

City

Ft. Lauderdale

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

James W. Geiger

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, PAUL M	
STREET ADDRESS	1025 PONCE DE LEON DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOLLAR, KERMIT	
STREET ADDRESS	800 S.W. 66 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEIGER, JAMES W.	
STREET ADDRESS	2831 N.E. 21 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, A. EDWIN	
STREET ADDRESS	1479 N.E. 56TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLOVER, KAREN	
STREET ADDRESS	3340 S.W. 21 STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

KAREN GLOVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

954-527-6800

Daytime Phone #

CR2E037 (9/99)