

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713179

1. Entity Name

FIRST BAPTIST CHURCH IN MILTON, FLORIDA, INC.

Principal Place of Business

309 CLARA ST.
MILTON FL 32570

Mailing Address

309 CLARA ST.
MILTON FL 32570-4832

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

59-0952636

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

NORTHROP, I.H.
RT. 9, BOX 382A
MILTON FL 32570

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 ☐ Delete
NAME TV
STREET ADDRESS WORLEY, DOUG
CITY-ST-ZIP 6102 WILLARD NORRIS RD
MILTON FL 32570

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

TITLE ☐ Delete
NAME P
STREET ADDRESS YOUNG, BRUCE
CITY-ST-ZIP 6132 WILLARD NORRIS RD
MILTON FL 32570

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

TITLE ☒ Delete
NAME T
STREET ADDRESS ARNANT, HAROLD
CITY-ST-ZIP 920 HIGHLAND BLVD
PACE FL 32571

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Lamar Faulkner
CITY-ST-ZIP 6192 Cherokee Rd
Milton, FL 32570

TITLE ☒ Delete
NAME T
STREET ADDRESS BAILLY, ED
CITY-ST-ZIP 5120 COMMUNITY CR
MILTON FL 32583

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS ED NIXON
CITY-ST-ZIP 7554 Lakeside Dr.
Milton, FL 32583

TITLE ☒ Delete
NAME T
STREET ADDRESS BULLARD, HERB
CITY-ST-ZIP 2152 COPELARE DR
MILTON FL 32583

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS B. B. Boles
CITY-ST-ZIP 6265 Angie Dr.
Milton, FL 32570

TITLE ☐ Delete
NAME T
STREET ADDRESS GOLDEN, JIMMIE
CITY-ST-ZIP 156 ERUDITON AVE
MILTON FL 32583

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)