

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714183

1. Entity Name

FIRST BAPTIST CHURCH OF KEY LARGO, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90024 030 ****61.25

Principal Place of Business 99001 OVERSEAS HIGHWAY KEY LARGO FL 33037	Mailing Address 99001 OVERSEAS HIGHWAY KEY LARGO FL 33037-4210
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1088214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~HILL, JACK~~
~~164 CORPINE PLACE~~
~~KEY LARGO FL 33037~~

7. Name and Address of New Registered Agent

Name *WEAVER, WILLIAM*
 Street Address (P.O. Box Number is Not Acceptable) *131 MOHAWK STREET*
 City *TAVERNIER* **FL** Zip Code *33070*

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]* *WILLIAM WEAVER*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) *CHAIRMAN OF DEACONS, DIRECTOR* DATE *JANUARY 14, 2000*

**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	DD <input type="checkbox"/> Delete
NAME	HARLEE, JOHN W., JR.
STREET ADDRESS	10980 COUNTY ROAD 905
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	CDD <input checked="" type="checkbox"/> Delete
NAME	HILL, JACK
STREET ADDRESS	172 CORPINE PL
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	VCDD CDD <input type="checkbox"/> Delete
NAME	WEAVER, WILLIAM
STREET ADDRESS	131 MOHAWK ST
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	DD <input checked="" type="checkbox"/> Delete
NAME	POWELL, JOE Q
STREET ADDRESS	1026 DOVE RD
CITY-ST-ZIP	KEY LARGO FL 33037
TITLE	SDD <input type="checkbox"/> Delete
NAME	GREWE, PAUL
STREET ADDRESS	167 COCONUT ROW
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	ASDD ASDD <input type="checkbox"/> Delete
NAME	COTTRELL, GORDON
STREET ADDRESS	7 CORPINE PL
CITY-ST-ZIP	KEY LARGO FL 33037

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISHKE, PAUL
STREET ADDRESS	445 LIME DRIVE
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VCDD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, ROBERT
STREET ADDRESS	164 MOHAWK STREET
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	DD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL FINCH, JR.
STREET ADDRESS	416 MAHOGANY AVE.
CITY-ST-ZIP	KEY LARGO, FL 33037
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: *[Signature]* **ROBERT FITZPATRICK** JANUARY 14, 2000 451-2265 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #