

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90234 019 ****61.25

0034341

DOCUMENT # 714183

1. Entity Name

FIRST BAPTIST CHURCH OF KEY LARGO, INC.

Principal Place of Business

99001 OVERSEAS HIGHWAY
 KEY LARGO FL 33037

Mailing Address

99001 OVERSEAS HIGHWAY
 KEY LARGO FL 33037

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

59-1088214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WEAVER, WILLIAM~~
~~131 MOHAWK ST~~
~~TAVERNIER FL 33070~~

Name **PAUL BRISHKE**

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

445 LIME DRIVE

City **KEY LARGO**

FL

Zip Code **33037**

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

PAUL BRISHKE

CHAIRMAN OF DEACONS, DIRECTOR JANUARY 16, 2001

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 | DD | <input type="checkbox"/> Delete |
| NAME | BRISHKE, PAUL | |
| STREET ADDRESS | 445 LIME DR | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |
| TITLE | VCDD | <input type="checkbox"/> Delete |
| NAME | FITZPATRICK, ROBERT | |
| STREET ADDRESS | 164 MOHAWK ST | |
| CITY-ST-ZIP | TAVERNIER FL 33070 | |
| TITLE | DD | <input type="checkbox"/> Delete |
| NAME | WEAVER, WILLIAM | |
| STREET ADDRESS | 131 MOHAWK ST | |
| CITY-ST-ZIP | TAVERNIER FL 33070 | |
| TITLE | DD | <input type="checkbox"/> Delete |
| NAME | FINCH, BILL JR | |
| STREET ADDRESS | 416 MAHOGANY AVE | |
| 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 | <input type="checkbox"/> Delete |
| NAME | COTTELL, GORDON | |
| STREET ADDRESS | 7 CORRINE PL | |
| CITY-ST-ZIP | KEY LARGO FL 33037 | |

| | | |
|----------------|-----------------------|--|
| TITLE | DD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARLEE, JOHN W., JR. | |
| STREET ADDRESS | 10980 COUNTY ROAD 905 | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | |
| TITLE | DD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRAHAM, DAVID | |
| STREET ADDRESS | 12 BOWEN DRIVE | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | |
| TITLE | DD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LESCALLEET, TIM | |
| STREET ADDRESS | 115 STARFISH LANE | |
| CITY-ST-ZIP | TAVERNIER, FL 33070 | |
| 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: JOHN W. HARLEE JANUARY 16, 2001 (305) 451-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)