

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2000 90073 016 ****61.25

DOCUMENT # 715458

1. Entity Name

FIRST BAPTIST CHURCH OF BALDWIN, FLORIDA, INC.

Principal Place of Business

Mailing Address

**97 CENTER STREET, SOUTH
 BALDWIN FL 32234**

**97 CENTER STREET, SOUTH
 BALDWIN FL 32234-1801**

00009585



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1762281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HORTON, RON
 RT. 1, BOX 446
 BRYCEVILLE FL 32009**

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

T Delete
 TITLE **HARRIS, VERNON**
 NAME
 STREET ADDRESS **RT 24 BOX 372**
 CITY-ST-ZIP **BALDWIN FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE **WIGGINS, MIKE**
 NAME
 STREET ADDRESS **16524 VILLAGE GREEN DRIVE SOUTH**
 CITY-ST-ZIP **BALDWIN FL 32234**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE **BAKER, AARON**
 NAME
 STREET ADDRESS **2517 SUMMERFIELD LANE**
 CITY-ST-ZIP **BALDWIN FL 32234**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE **WALLER, BILL**
 NAME
 STREET ADDRESS **POST OFFICE BOX 208**
 CITY-ST-ZIP **BRYCEVILLE FL 32009**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE **MOORE, RAY**
 NAME
 STREET ADDRESS **2559 SUMMERFIELD LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE **HAGAN, JOE**
 NAME
 STREET ADDRESS **12021 W BEAVER ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32220**

Change Addition
 TITLE
 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/00

Date

Daytime Phone #

CR2E037 (9/99)