

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715774

1. Entity Name

FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA,

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90128 044 ****61.25

Principal Place of Business

Mailing Address

101 S SUMMIT ST
 CRESCENT CITY FL 32112

P.O. BOX 728
 CRESCENT CITY FL 32112-0728



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 **59-2345867**

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

HANKEMEYER, (MRS.) MILDRED
TOMPKINS ROAD
LAKE COMO, FL
32157

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	S	<input type="checkbox"/> Delete
NAME	HANKEMEYER, MILDRED	
STREET ADDRESS	TOMPKINS ROAD	
CITY-ST-ZIP	LAKE COMO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, LEE	
STREET ADDRESS	BEULAH CHURCH ROAD	
CITY-ST-ZIP	FRUITLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DON	
STREET ADDRESS	N. LAKE STREET	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUGH, BOB	
STREET ADDRESS	LAKE COMO DRIVE	
CITY-ST-ZIP	POMONA PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, ALLEN	
STREET ADDRESS	W GRAND RONDO ST	
CITY-ST-ZIP	CRESCENT CITY FL	
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: *(Mrs) Mildred Hankemeyer* Jan 6, 2000 904-698-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)