

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90016 025 ****61.25

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DOCUMENT # 715774

1. Entity Name

FIRST BAPTIST CHURCH OF CRESCENT CITY, FLORIDA,

Principal Place of Business

Mailing Address

101 S SUMMIT ST
 CRESCENT CITY FL 32112

P.O. BOX 728
 CRESCENT CITY FL 32112

908629



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 CLINE, ELLEN J.
 Street Address (P.O. Box Number is Not Acceptable)
113 Seminole Trail
 City Georgetown FL Zip Code 32139

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 ELLEN J. CLINE SECRETARY

Ellen J. Cline

01-04-01

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 **S HANKEMEYER, MILDRED**
 STREET ADDRESS **TOMPKINS ROAD**
 CITY-ST-ZIP **LAKE COMO FL**

TITLE Change Addition
 NAME **S CLINE ELLEN J.**
 STREET ADDRESS **113 SEMINOLE TRAIL**
 CITY-ST-ZIP **Georgetown, FL 32139**

TITLE Delete
 NAME **D MORRIS, LEE**
 STREET ADDRESS **BEULAH CHURCH ROAD**
 CITY-ST-ZIP **FRUITLAND FL**

TITLE Change Addition
 NAME **Brad Skelton**
 STREET ADDRESS **Rt 2 Box 21**
 CITY-ST-ZIP **Crescent City, FL 32112**

TITLE Delete
 NAME **D PEACOCK, ALLEN**
 STREET ADDRESS **W GRAND RONDO ST**
 CITY-ST-ZIP **CRESCENT CITY FL**

TITLE Change Addition

TITLE Delete
 NAME **D PUGH, BOB**
 STREET ADDRESS **LAKE COMO DRIVE**
 CITY-ST-ZIP **POMONA PARK FL**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: Ellen J. Cline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01

Date

904-698-1578

Daytime Phone #

CR2E037 (10/00)