

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90048 036 \*\*\*\*61.25

0024701

**DOCUMENT # 717003**

1. Entity Name

**THE FIRST BAPTIST CHURCH OF UMATILLA**

Principal Place of Business

59 N TROWELL AVE  
 PO BOX 3  
 UMATILLA FL 32784

Mailing Address

P.O. BOX 3  
 UMATILLA FL 32784

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

59-1503925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KENNEY, HERMAN N.  
 E HWY 450  
 UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name **Eileen Carroll**  
 Street Address (P.O. Box Number is Not Acceptable)  
**40801 W. 6th Ave.**  
 City **Umatilla** FL Zip Code **32784**

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 Eileen Carroll Eileen Carroll  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-01

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	KENNEY, HERMAN N.	
STREET ADDRESS	1437 ELKHART CIR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COATES, TOM C.	
STREET ADDRESS	STATE RD 439	
CITY-ST-ZIP	UMATILLA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, C.R.	
STREET ADDRESS	W HWY 450	
CITY-ST-ZIP	UMATILLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SYKES-AMOS, MRS PATRICIA	
STREET ADDRESS	17025 PERU ROAD	
CITY-ST-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Kicklighter	
STREET ADDRESS	39063 Hwy 44A	
CITY-ST-ZIP	Umatilla, FL 32784	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Carroll	
STREET ADDRESS	40801 W. 6th Ave	
CITY-ST-ZIP	Umatilla, FL 32784	
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		<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: Eileen Carroll Eileen Carroll 1-28-01 669-3214  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)