

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90023 020 \*\*\*\*70.00

**DOCUMENT # 717051**

1. Entity Name

**FIRST BAPTIST CHURCH OF KEYSTONE HEIGHTS, INC.**

Principal Place of Business

Mailing Address

550 SE WALKER DRIVE  
 KEYSTONE HEIGHTS FL 32656

550 SE WALKER DRIVE  
 KEYSTONE HEIGHTS FL 32656-9327

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

**59-1459578**

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

**MAXWELL MARK**  
**5617 CARIBBEAN CIRCLE**  
**KEYSTONE HEIGHTS FL 32656**

Name **Jim Snell**

Street Address (P.O. Box Number is Not Acceptable)  
**5520 Lodge Road**

City **Keystone Heights** **FL** Zip Code **32656**

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 *Jim Snell* **Jim Snell** **Director** 2/9/2000  
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 **D**  Delete  
 NAME **PROSE, JAMES**  
 STREET ADDRESS **560 LAKEVIEW**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE **S**  Change  Addition  
 NAME **Lori Winskie**  
 STREET ADDRESS **115 Hall Road**  
 CITY-ST-ZIP **Melrose, FL 32666**

TITLE **T**  Delete  
 NAME **JAROSZ, ROSALIE**  
 STREET ADDRESS **5321 CR 352**  
 CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **FUTCH, M.B.**  
 STREET ADDRESS **340 E WALKER DR**  
 CITY-ST-ZIP **KEYSTONE HGTS, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Jim Snell* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-2000  
Date

473-7201  
Daytime Phone #

CR2E037 (9/99)