

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91124 035 \*\*\*\*61.25

**DOCUMENT # 717051**

1. Entity Name

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

Principal Place of Business

550 SE WALKER DRIVE  
 KEYSTONE HEIGHTS FL 32656

Mailing Address

550 SE WALKER DRIVE  
 KEYSTONE HEIGHTS FL 32656

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**SHELL, JIM**  
**5520 LODGE ROAD**  
**KEYSTONE HEIGHTS FL 32656**

7. Name and Address of New Registered Agent

Name **Maxwell, Mark**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5055 Klare Drive**  
 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 MARK MAXWELL Mark Maxwell 04-24-01  
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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PROSE, JAMES</b>	
STREET ADDRESS	<b>560 LAKEVIEW</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL 32656</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JAROSZ, ROSALIE</b>	
STREET ADDRESS	<b>5321 CR 352</b>	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FUTCH, M.B.</b>	
STREET ADDRESS	<b>340 E WALKER DR</b>	
CITY-ST-ZIP	<b>KEYSTONE HGTS, FL 00000</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WINSKIE, LORI</b>	
STREET ADDRESS	<b>115 HALL ROAD</b>	
CITY-ST-ZIP	<b>MELROSE FL 32666</b>	
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		<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	<b>Carter, Barbara</b>	
STREET ADDRESS	<b>6980 Innokalee Road</b>	
CITY-ST-ZIP	<b>Keystone Heights, FL 32656</b>	
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: SIGNATURE REQUIRED 4-26-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)