

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717207

1. Entity Name

DUNDEE BAPTIST CHURCH OF DUNDEE, FLORIDA, INCORP

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90129 009 ****61.25

Principal Place of Business	Mailing Address
1111 SCENIC HIGHWAY DUNDEE FL 33838 US	P.O. BOX 769 DUNDEE FLA 33838-0769 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1111 Scenic Highway Suite, Apt. #, etc.	P.O. Box 769 Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Dundee, Florida	Dundee, Florida	59-1438002	Not Applicable
Zip	Country	Zip	Country
33838	USA	33838	USA

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MCKENZIE, WILLIAM 909 EDMUND AVE. DUNDEE FL 33838

7. Name and Address of New Registered Agent
Name John Webb
Street Address (P.O. Box Number is Not Acceptable) 3200 Windy Hill Rd.
Haines City, Florida 33844
City Haines City, Florida FL Zip Code 33844

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 <u>John Webb</u> DATE <u>4-25-00</u>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, PHILLIP 708 ADAMS DUNDEE FL 33838 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RUSSELL 756 MASTERPIECE RD. LAKE WALES FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, ARNOLD 1007 EDMUND AVE. DUNDEE FL 33838 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, JOHN 3200 WINDY HILL RD HAINES CITY FL 33844 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harold Haman P.O. Box 611 Haines City, Florida 33844 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 title empowered.	
SIGNATURE: <u>John Webb</u>	4/26/00 941 439-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E037 (9/99)