

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

0021749

DOCUMENT # 717399

1. Entity Name

FIRST BAPTIST CHURCH OF ROCK SPRINGS, INC.

01-23-2001 90047 035 ****70.00

Principal Place of Business

Mailing Address

4490 N. ROCK SPRINGS RD.
 APOPKA FL 32712

P.O. BOX 1653
 APOPKA FL 32704-1653

104100



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

59-1967748

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

HART, BRUCE A
16318 CR #448R
MT DORA FL 32757

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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 NAME	D HART, BRUCE	<input type="checkbox"/> Delete
STREET ADDRESS	16318 CR #448	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE NAME	D MCGUCKIN, EUGENE	<input type="checkbox"/> Delete
STREET ADDRESS	4326 N. PLYMOUTH-SORRENTO RD.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE NAME	T PREEDOM, JANET	<input type="checkbox"/> Delete
STREET ADDRESS	3316 WERSTFORD DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE NAME	S NIPPER, RITA K	<input type="checkbox"/> Delete
STREET ADDRESS	132 EDGEWOOD AVENUE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	T GODLOVE, CARLETTA	<input type="checkbox"/> Delete
STREET ADDRESS	3 ANITA COURT	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE NAME	T BUCHAN, DORIS	<input type="checkbox"/> Delete
STREET ADDRESS	187 TRAILER HAVEN LANE	
CITY-ST-ZIP	APOPKA FL 32712	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Bruce A Hart*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 407-886-8805
 Date Daytime Phone #

CR2E037 (10/00)