

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90177 018 ****61.25

DOCUMENT # 721541

1. Entity Name

FIRST BAPTIST CHURCH OF ALTOONA, FLORIDA, INC.

Principal Place of Business

Mailing Address

42226 SR 19
 P.O. BOX 97
 ALTOONA FL 32702

42226 SR 19
 P.O. BOX 97
 ALTOONA FLA 32702-0097

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

59-2126039

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

CARTER, ARTHUR
41333 SUNSHINE AVE
UMATILLA FL 32784

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

Arthur J. Carter

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	M	<input type="checkbox"/> Delete
NAME	CARTER, ARTHUR	
STREET ADDRESS	41333 SUNSHINE AVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PEAVY, PERRY	
STREET ADDRESS	575 WISTERIA AVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	X	<input type="checkbox"/> Delete
NAME	HUGH, DAVIS	
STREET ADDRESS	42114 W LAKEVIEW DR	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, ROBERT	
STREET ADDRESS	15535 SE 294TH TERR RD	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOEQUIST, KENNETH	
STREET ADDRESS	29550 SE 152ND PLACE	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLATER, JAMES	
STREET ADDRESS	20839 N ROAD	
CITY-ST-ZIP	ALTOONA FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER JOYCE HOSIOR	
STREET ADDRESS	71 OUTLOOK ST.	
CITY-ST-ZIP	UMATILLA, FL. 32784	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEACON HUGH DAVIS	
STREET ADDRESS	P.O. Box 300	
CITY-ST-ZIP	ALTOONA, FL. 32702	
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: *Arthur J. Carter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)