

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723453

1. Entity Name

FIRST BAPTIST CHURCH OF PAHOKEE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90439 007 ****61.25

Principal Place of Business	Mailing Address
225 BACOM POINT RD PAHOKEE FL 33476 US	225 BACOM POINT RD PAHOKEE FL 33476-2106 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-1826117		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOUGLAS, WILLIAM 3497 AIRPORT RD PAHOKEE FL 33476		Name <u>Gale Wills</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		2523 SW 14th Street	
		City <u>Pahokee</u>	FL <u>33476</u>

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 Gale Wills GALE WILLS TRUSTEE 4-24-2000

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, WILLIAM	NAME	
STREET ADDRESS	3497 AIRPORT RD	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476	CITY-ST-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLS, GALE	NAME	
STREET ADDRESS	2523 SW 14TH ST	STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476	CITY-ST-ZIP	
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	TR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGORIA, JOE	NAME	William F. Burroughs
STREET ADDRESS	1115 GARDEN PLACE	STREET ADDRESS	897 Bacom Point Road
CITY-ST-ZIP	PAHOKEE FL 33476	CITY-ST-ZIP	Pahokee FL 33476
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Gale Wills 4-24-2000 561-924-3173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)