2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am § Secretary of State DOCUMENT # 723549 1. Entity Name 04-30-2001 90342 019 ****70.00 EUREKA SPRINGS FIRST BAPTIST CHURCH, INC. Mailing Address 6704 Ch Atti W Ro Ad Principal Place of Business EUREKA SPRINGS 1ST しいひはんりひょ 10111 E. SLIGH AVE. TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address 6704 ChAHIN ROAD EUREKA SPRINGS Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE OUIE City & State City & State 4. FEI Number Applied For 50-0151834 AMPA Not Applicable TAMPA Zip Country \$8.75 Additional 5. Certificate of Status Desired 33610 Hills H:115. FLA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHESTER, JESSY E REV 6704 CHETLON RD **TAMPA FL 33619** 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. NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ALUIN Delete TURNER TITLE Change TITLE NAME ALBRITTON, WILLIAM NAME 10210 E Sligh AUC STREET ADDRESS STREET ADDRESS 10210 E SLIGH AVE HMPA, FCA37619 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE NAME RICHARDS, ROBERT NAME STREET ADDRESS STREET ADDRESS 7101 49TH AVE SOUTH CITY-ST-7IP CITY-ST-7IP TAMPA FL Rolant Colex 10205 Lyons Ave ☐ Change ■ Addition TITLE D TITLE NAME INDLE, LOMIA MAME STREET ADDRESS STREET ADDRESS 4807 E HANNA AVE LithA SPRING FCA 33541 CÍTY-ST-ZIP CITY-ST-7IP TAMPA FL ☐ Change ☐ Delete TITLE Addition TITLE NAME CHATTIN, JERRY NAME STREET ADDRESS STREET ADDRESS 6704 CHATTIN RD CITY-ST-7IP CITY-ST-ZIP TAMPA FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.