

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723940

1. Entity Name

FIRST BAPTIST CHURCH OF MARIANNA, INC. THE

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

03-01-2000 90096 037 ****61.25

Principal Place of Business

Mailing Address

2897 GREEN STREET
MARIANNA FL 32446
US

2897 GREEN STREET
MARIANNA FL 32446-3307
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0864592

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

~~HARRIS, FRED~~
~~2897 GREEN STREET~~
~~MARIANNA FL 32446~~

7. Name and Address of New Registered Agent

Name

Kimberly Hagan

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

2897 Green St.

MARIANNA, FL. 32446

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

2-22-2000

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

TITLE PD
NAME HARRIS, FRED ☒ Delete
STREET ADDRESS 2897 GREEN STREET
CITY-ST-ZIP MARIANNA FL 32446

TITLE D
NAME PEACOCK, BILL ☐ Delete
STREET ADDRESS 3391 HIGHWAY 73 - Keep
CITY-ST-ZIP MARIANNA FL 32446

TITLE D
NAME HAYLES, VELMA ☐ Delete
STREET ADDRESS 2949 SPRING STREET - Keep
CITY-ST-ZIP MARIANNA FL

TITLE D
NAME GALLOWAY, WILLIAM ☒ Delete
STREET ADDRESS 5139 LAKE BLUFF CIRCLE
CITY-ST-ZIP MARIANNA FL

TITLE SD
NAME HAGAN, KIMBERLY ☐ Delete
STREET ADDRESS 2897 GREEN STREET - Keep
CITY-ST-ZIP MARIANNA FL 32446

TITLE D
NAME HILL, CARLOS ☒ Delete
STREET ADDRESS 3183 SECOND STREET
CITY-ST-ZIP MARIANNA FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Greg Massengill
STREET ADDRESS 5134 Presidents Circle
CITY-ST-ZIP MARIANNA, FL. 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
NAME Dorothy Peters
STREET ADDRESS 3392 Hwy. 73
CITY-ST-ZIP Marianna, FL. 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Director ☒ Change ☐ Addition
NAME Fred Harris
STREET ADDRESS 2962 Dogwood St.
CITY-ST-ZIP MARIANNA, FL. 32446

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kimberly Hagan - Secretary 2/23/00 850-526-4200

CR2E037 (9/99)