

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90138 001 *****8.75
 03-07-2000 90138 002 *****61.25

DOCUMENT # 724370

1. Entity Name

FIRST BAPTIST CHURCH OF FLORAL CITY, INC.

Principal Place of Business

Mailing Address

8545 EAST MAGNOLIA ST.
 PO BOX 114
 FLORAL CITY FL 32636

8545 EAST MAGNOLIA ST.
 PO BOX 114
 FLORAL CITY FL 34436-0114

- 10802



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

59-1757718

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

THOMPSON, ROY M
8111 E SUNRAY LANE
FLORAL CITY FL 34436

Name **Thompson, Roy M.**
 Street Address (P.O. Box Number's Not Acceptable)
8960 E. Jefferson Street
Floral City
 City **FL** Zip Code **34436**

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

Roy M. Thompson
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-00

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	V	<input checked="" type="checkbox"/> Delete
NAME	CALDWELL, JOSEPH	
STREET ADDRESS	10617 E TURTLE LANE	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MISHOU, JOANNE	
STREET ADDRESS	12110 S OLD JONES ROAD	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHL, GARY	
STREET ADDRESS	6620 MERLEING LOOP	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHL, ELICIA	
STREET ADDRESS	6620 MERLEING Loop	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HANNIE, STEVE	
STREET ADDRESS	9480 E TSALA APOPKA DR	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, LARRY	
STREET ADDRESS	10245 E TRAILS END RD	
CITY-ST-ZIP	FLORAL CITY FL 34436	

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jesse Wood	
STREET ADDRESS	8540 E. Moonrise Ln.	
CITY-ST-ZIP	Floral City, FL 34436	
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		
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-2000 354 37-0707

CR2E037 (9/99)