

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90163 017 \*\*\*\*61.25

**DOCUMENT # 729465**

1. Entity Name  
**NASSAU BAPTIST TEMPLE, INCORPORATED**

Principal Place of Business 101 BLACKROCK RD. YULEE FL 32097 US	Mailing Address 101 BLACKROCK RD. YULEE FL 32097 US
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DO NOT WRITE IN THIS SPACE

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 **59-1812802** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MONTGOMERY, LARRY**  
**101 BLACKROCK RD.**  
**YULEE FL 32097**

7. Name and Address of New Registered Agent  
 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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>THRIFT, FREIL B</b>	
STREET ADDRESS	<b>116 CESSNA DRIVE</b>	
CITY-ST-ZIP	<b>YEELE FL 32097</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COMBS, WAYNE</b>	
STREET ADDRESS	<b>3775 GROOVER LANE</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TODD, LARRY</b>	
STREET ADDRESS	<b>3979 MARSH HEN AVE.</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MONTGOMERY, LARRY W</b>	
STREET ADDRESS	<b>142 CESSNA DRIVE</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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:  **2-5-01** **904-261-7841**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (10/00)