

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729760

1. Entity Name

TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90201 030 ****70.00

Principal Place of Business

Mailing Address

38300 5TH AVE
 ZEPHYRHILLS FL 33541-4976

38300 5TH AVE
 ZEPHYRHILLS FL 33541-4976



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

59-0700562

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

ODOM, STEPHEN T.
 38300 FIFTH AVENUE
 ZEPHYRHILLS FL 33541

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 Stephen T. Odom

1/20/2000

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.

\$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	T	<input type="checkbox"/> Delete
NAME	FERGUSON, RODNEY	
STREET ADDRESS	38136 ARCHER AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BARRENTINE, RON	
STREET ADDRESS	34540 APPALOOSA TR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	EVANS, GEORGE	
STREET ADDRESS	38812 BERTA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	CTP	<input type="checkbox"/> Delete
NAME	FRITZ, DAVID T	
STREET ADDRESS	5700 WEDGEFIELD DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christy, Donald P.	
STREET ADDRESS	37535 Arch Lane	
CITY-ST-ZIP	Zephyrhills, FL	
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

813-782-5574

Date

Daytime Phone #

CR2E037 (9/99)