

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90169 020 *****70.00

0056878

DOCUMENT # 729760

1. Entity Name

TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH

Principal Place of Business

Mailing Address

**38300 5TH AVE
 ZEPHYRHILLS FL 33541-4976**

**38300 5TH AVE
 ZEPHYRHILLS FL 33541-4976**

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

59-0700562

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____

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

T Delete
 NAME **FERGUSON, RODNEY**
 STREET ADDRESS **38136 ARCHER AVE.**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

Trustee/ Change Addition
Chairman/President
 NAME **Norman G. Kline, Jr.**
 STREET ADDRESS **3946 Lanier Road**
 CITY-ST-ZIP **Zephyrhills, FL 33541** Change Addition

TS Delete
 NAME **BARRENTINE, RON**
 STREET ADDRESS **34540 APPALOOSA TR**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **6917 Lum Drive**
 CITY-ST-ZIP **Zephyrhills, FL 33541**

T Delete
 NAME **EVANS, GEORGE**
 STREET ADDRESS **38812 BERTA DRIVE**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CTP Delete
 NAME **FRITZ, DAVID T**
 STREET ADDRESS **5700 WEDGEFIELD DRIVE**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME **CHRISTY, DONALD P**
 STREET ADDRESS **37535 ARCH LANE**
 CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **34135 Tree Lake Drive**
 CITY-ST-ZIP **Zephyrhills, FL 33543**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Norman G. Kline, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(813) 782-5574

Daytime Phone #

CR2E037 (10/00)