

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90044 025 ****70.00

DOCUMENT # 730801

1. Entity Name

FAULENBURG ROAD BAPTIST CHURCH INC

Principal Place of Business: **FAULENBURG ROAD BAPTIST CHURCH INC**
 INTERSECTION OF COUNTY ROAD 579 VALINCLIA DRIVE
 MANGO, FLORIDA 33550

Mailing Address: **FAULKINGBURG ROAD BAPTIST CHURCH INC**
 4823 PRESIDENTIAL STREET
 SEFFNER, FL 33584

2. Principal Place of Business: **COUNTY ROAD 579 VALINCLIA DR**
 Suite, Apt. #, etc.: **MANGO FLORIDA**

3. Mailing Address: **FAULENBURG RD BAPT CHURCH INC**
 Suite, Apt. #, etc.: **4823 PRESIDENTIAL STREET**
 City & State: **SEFFNER FLORIDA 33584**

C0053376

DO NOT WRITE IN THIS SPACE

4. FEI Number: **NOT APPLICABLE** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: **JAMES D. BLACKSTONE JR**
4823 PRESIDENTIAL ST
SEFFNER, FL 33584

7. Name and Address of New Registered Agent: Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (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: VOTD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLACKSTONE, THELMA		NAME: _____	
STREET ADDRESS: 4823 PRESIDENTIAL ST.		STREET ADDRESS: _____	
CITY-ST-ZIP: SEFFNER, FLORIDA 33584		CITY-ST-ZIP: _____	
TITLE: PD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BLACKSTONE, JAMES D		NAME: _____	
STREET ADDRESS: 4823 PRESIDENTIAL ST.		STREET ADDRESS: _____	
CITY-ST-ZIP: SEFFNER, FLORIDA 33584		CITY-ST-ZIP: _____	
TITLE: BESSIE H. BLACKSTONE	<input type="checkbox"/> Delete "D"	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BESSIE H. BLACKSTONE		NAME: _____	
STREET ADDRESS: 4823 PRESIDENTIAL ST		STREET ADDRESS: _____	
CITY-ST-ZIP: SEFFNER, FLORIDA 33584		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: **JAMES D. BLACKSTONE, JR** DATE: **3-14-2000** (813) 685-9489