

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730801

02-28-2001 90109 015 ****70.00
730301

1. Entity Name
FAULKENBURG ROAD BAPTIST CHURCH

FILED
Feb 28, 2001 8:00 A.M.
Secretary of State

Principal Place of Business Mailing Address
**INTERSECTION OF
COUNTY ROAD 579 & VALIANCIA DRIVE**

2. Principal Place of Business 3. Mailing Address
4823 PRESIDENTIAL ST

DO NOT WRITE IN THIS SPACE

City & State City & State **SEFFNER, FL** 4. FEI Number Applied For
 Not Applicable
Zip Country Zip **33584** Country **HILLSBOROUGH** 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
Name **JAMES D. BLACKSTONE**
Street Address (P.O. Box Number is Not Acceptable) **4823 PRESIDENTIAL ST**
City **SEFFNER** **FL** Zip Code **33584**

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 if 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | PD JAMES D. BLACKSTONE 4823 PRESIDENTIAL ST SEFFNER, FL 33584 | |
| | | VOTD THELMA BLACKSTONE 4823 PRESIDENTIAL ST SEFFNER, FL 33584 | |
| | | T BESSIE BLACKSTONE 4823 PRESIDENTIAL ST SEFFNER, FL 33584 | |
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CR2E037 (11/00)

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 **JAMES D. BLACKSTONE** 2/16/01 (813)685-9489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/5/01