

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732629

1. Entity Name

TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH,

Principal Place of Business

Mailing Address

RT 315 NO
PO BOX 108
INTERLACHEN FL 32148

RT 315 NO
PO BOX 108
INTERLACHEN FL 32148

2. Principal Place of Business

111 N. Hwy 315
Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 108
Suite, Apt. #, etc.

City & State

Interlachen, FL

City & State

Interlachen, FL

4. FEI Number

59-1351894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
32148

Country
USA

Zip
32148

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENSOR, GAIL
118 MILLER SQUARE
INTERLACHEN FL 32148

Name
Mr. James McCallister

Street Address (P.O. Box Number is Not Acceptable)

106 Susan Road

City
Hawthorne

FL

Zip Code
32640

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 Mr. James McCallister, DCT

Signature, typed or printed name of registered agent and title if applicable.

James McCallister

(NOTE: Registered Agent signature required when reinstating)

01/03/01

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 DT
NAME GLOVER, RICHARD ☒ Delete
STREET ADDRESS 105 SHORT ST
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE DCT
NAME ENSOR, GAIL G ☐ Delete
STREET ADDRESS 118 MILLER SQUARE
CITY-ST-ZIP INTERLACHON FL 32148

TITLE T
NAME AUTRY, LEON ☒ Delete
STREET ADDRESS 161 WALKER DRIVE
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE T
NAME MCCALLISTER, JAMES ☐ Delete
STREET ADDRESS 106 SUSAN ROAD
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Mr. David Wisham
STREET ADDRESS P. O. Box 83
CITY-ST-ZIP Hollister, FL 32147

TITLE DT ☒ Change ☐ Addition
NAME Ensor, Gail G.
STREET ADDRESS 118 Miller Square
CITY-ST-ZIP Interlachen, FL 32148

TITLE T ☐ Change ☒ Addition
NAME Mr. Norman Reynolds
STREET ADDRESS P. O. Box 1136
CITY-ST-ZIP Interlachen, FL 32148

TITLE DCT ☒ Change ☐ Addition
NAME Mr. James McCallister
STREET ADDRESS 106 Susan Rd.
CITY-ST-ZIP Hawthorne, FL 32640

TITLE T ☐ Change ☒ Addition
NAME Mr. Robert Bishop
STREET ADDRESS 139 Cinnamon Dr.
CITY-ST-ZIP Interlachen, FL 32148

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: Mr. James McCallister, DCT *James McCallister* 01/03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-481-9985

Daytime Phone #

CR2E037 (10/00)

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FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90066 046 ****61.25



DO NOT WRITE IN THIS SPACE