

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90127 024 ****70.00

DOCUMENT # 732789

1. Entity Name

FIRST BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**702 E. NEW HAVEN AVE.
 MELBOURNE FL 32901**

**702 E. NEW HAVEN AVE.
 MELBOURNE FL 32901-5431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0782447

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

**JONES, CECIL S
 1808 PINE STREET
 MELBOURNE BEACH FL 32951**

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

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **WHERRY, STEVE**
1277 ELCON DRIVE 3916 Peacock Dr.
 CITY-ST-ZIP **W MELBOURNE FL 32904**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **John Goodson**
390 Franklyn Ave
 CITY-ST-ZIP **Indialantic, FL 32903**

TITLE Delete
 NAME **SD**
 STREET ADDRESS **GILLIS, A. KNOX**
5275 LAGUNA VISTA DR
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Robert Tinsley**
3465 Shady Run Rd.
 CITY-ST-ZIP **Melbourne, FL 32934**

TITLE Delete
 NAME **TD**
 STREET ADDRESS **ROBINSON, JACK P**
3393 MAZUR DIRVE
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MURPHY, GENE**
2260 SOUTH FRONT STREET
 CITY-ST-ZIP **MELBOURNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **JONES, CECIL S.**
1808 PINE STREET
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **GOODSON, RAYMOND**
2075 D AVENUE 403 Amhurst Ave.
 CITY-ST-ZIP **WEST/MELBOURNE FL Melbourne, FL**

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-12-00

CR2E037 (9/99)