## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **733070** Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** FIRST BAPTIST CHURCH OF LISBON, INC. 03-01-2000 90037 039 \*\*\*\*61.25 Principal Place of Business Mailing Address 36303 EMERALDA AVE 36303 EMERALDA AVE LEESBURG FL 34788 LEESBURG FL 34788-2545 3. Mailing Address 2. Principal Place of Business 303 Emeral da Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. et Applied For City & State 4. FEI Number 59-2387174 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DICK, REV GLENN W 1604 NORMANDY WAY LEESBURG FL 34749 City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE TITLE ☐ Delete DICK, GLENN W REV. NAME NAME STREET ADDRESS 1604 NORMANDY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Leesburg FL ☐ Addition ☐ Change TITLE Delete TITLE STALER, BILLIE NAME NAME STREET ADDRESS STREET ADDRESS 35316 LAKE BRADLY DR CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 ☐ Addition Change TITLE Delete TITLE STALER, CHESTER NAME STREET ADDRESS STREET ADDRESS 35316 LAKE BRADLY DR CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 Change Addition ☐ Delete TITLE vanhorn, Wilma C NAME NAME STREET ADDRESS STREET ADDRESS **400 CRICKET HOLLOW** CITY-ST-7IP CITY-ST-ZIP EUSTIS FL 32726 Delete TITLE ☐ Change ☐ Addition TITLE NAME Walls, Roy C NAME STREET ADDRESS STREET ADDRESS 10547 TIMBERGATE ROAD, BOX 11 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. changed, or on an attachmen an address, with all other like empowered