

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 733314**

1. Entity Name

**ROSEMONT BAPTIST CHURCH OF NICEVILLE, FLORIDA, I**

Principal Place of Business

27TH & PINE STREETS  
P.O. DRAWER 160  
NICEVILLE FL 32588-0160

Mailing Address

27TH & PINE STREETS  
P.O. DRAWER 160  
NICEVILLE FL 32588-0160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1572457**

Applied For

Not Applicable

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

**BARFIELD THOMAS A  
1469 CYPRESS ST  
NICEVILLE FL 32578**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	BARFIELD THOMAS A	1469 CYPRESS ST.	NICEVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	KEARLEY NEAL	4082 ROCKY DR	NICEVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GEISER, WILLIAM D.	1157 PINE OAK CIR	NICEVILLE FL 32578	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	REEVES, ROY F	1501 23RD ST.	NICEVILLE FL 32578	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	HERNDON, WILLIAM H	716 ELM ST.	NICEVILLE FL 32578	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90028 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

*William H. Herndon***WILLIAM H. HERNDON****2/3/2000 (950) 678-1611**