

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90080 026 \*\*\*\*61.25

**DOCUMENT # 735725**

1. Entity Name

**FIRST BAPTIST CHURCH OF GLEN SAINT MARY, FLORIDA**

Principal Place of Business

Mailing Address

SOUTH GEO. TABOR BLVD.  
 GLEN ST.-MARY FL 32040-7633

SOUTH GEO. TABOR BLVD.  
 GLEN ST. MARY FL 32040

2. Principal Place of Business

3. Mailing Address

**FIRST BAPTIST CHURCH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P. O. BOX 633**

City & State

City & State

**GLEN ST. MARY, FLORIDA 32040**

**(904) 259-6977**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1865988**

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

**PATTERSON, P. TIM**  
**GEORGE TABER BLVD**  
**GLEN ST. MARY FL 32040**

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 **D CANADY, OTIS**  
 STREET ADDRESS **HWY 23-C**  
 CITY-ST-ZIP **MACCLENNY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT LYONS, JC JR.**  
 STREET ADDRESS **HWY 23-D**  
 CITY-ST-ZIP **GLEN ST MARY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RAULERSON, T.J.**  
 STREET ADDRESS **339 E MACCLENNY AVENUE**  
 CITY-ST-ZIP **MACCLENNY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD PATTERSON, P. TIM**  
 STREET ADDRESS **GEORGE TABER BLVD**  
 CITY-ST-ZIP **GLEN ST MARY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 904 259-6977

Date

Daytime Phone #