

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90091 020 ****61.25

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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**

**P.O. BOX 633
 GLEN ST. MARY FL 32040-7633**

U0005481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1865988

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CANADY, OTIS	HWY 23-C	MACCLENNY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	LYONS, JC JR.	HWY 23-D	GLEN ST MARY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	RAULERSON, T.J.	339 E MACCLENNY AVENUE	MACCLENNY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	PATTERSON, P. TIM	GEORGE TABER BLVD	GLEN ST MARY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)