

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90122 038 ****61.25

DOCUMENT # 735807

1. Entity Name

THE FIRST BAPTIST CHURCH OF FORT MEADE, INC.

Principal Place of Business

Mailing Address

**307 E. BROADWAY
 FORT MEADE FL 33841**

**307 E. BROADWAY
 FORT MEADE FL 33841-3011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1173305

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

**SHANNON, JOHN HUGH
 1349 FLORIDA AVE. S.
 LAKELAND FL 33803**

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 **P**
CROUCH, LYNN
 STREET ADDRESS **302 N. EDGEWOOD DR.**
 CITY-ST-ZIP **FT MEADE, FL 00000**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
LANGSTON, VIVIAN
 STREET ADDRESS **210 NE 4TH STREET**
 CITY-ST-ZIP **FT MEADE FL**

TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
WOGAN, DELMAR E
 STREET ADDRESS **1801 WISTERIA CT S**
 CITY-ST-ZIP **FT MEADE FL 33841**

TITLE Change Add
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
GRAVES, WALTER
 STREET ADDRESS **1905 MT PISGAH RD**
 CITY-ST-ZIP **FT MEADE FL 33841**

TITLE Change Add
 NAME **D**
Putnel, Wayne
 STREET ADDRESS **3520 Mt. Pisgah Rd.**
 CITY-ST-ZIP **Fort Meade, FL 33841**

TITLE Delete
 NAME **TR**
WOODS, MIKE
 STREET ADDRESS **320 N EDGEWOOD DR**
 CITY-ST-ZIP **FT MEADE FL 33841**

TITLE Change Add
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TR**
JERKINS, JACK
 STREET ADDRESS **1575 WOODLAWN AVE**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE Change Add
 NAME **D**
 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: *Lynn Crouch* **Lynn Crouch**

1/27/2000

863 285 7151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #