

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 736534**

1. Entity Name

**FIRST BAPTIST CHURCH OF ISLAMORADA, INC.**

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90101 027 \*\*\*\*61.25

Principal Place of Business U.S. HIGHWAY #1. MILE MARKER 81.2 P.O. BOX 453 ISLAMORADA FL 33036	Mailing Address U.S. HIGHWAY #1. MILE MARKER 81.2 P.O. BOX 453 ISLAMORADA FL 33036-0453
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number <b>59-1652631</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**COLLINS, BETTY**  
**108 AREGOOD LANE**  
**ISLAMORADA FL 33036**

**7. Name and Address of New Registered Agent**

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**

TITLE	CD	<input type="checkbox"/> Delete
NAME	CURTIS MOBLEY	
STREET ADDRESS	105 WHITE MARTIN BCH BLVD	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID DAY	
STREET ADDRESS	9245 TOPAZ AVE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, BETTY, J.	
STREET ADDRESS	108 AREGOOD LANE	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Curtis Mobley* **CURTIS MOBLEY** 2/19/00 305 664 4053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)