

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736881

1. Entity Name

CHARLIE CREEK FAITH BAPTIST CHURCH, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90129 047 ****61.25

Principal Place of Business % DOROTHY L GARDNER 1167 SPARROW RD. ZOLFO SPRINGS FL 33890-5018	Mailing Address % DOROTHY L GARDNER 1167 SPARROW RD ZOLFO SPRINGS FL 33890-5029 US
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2. Principal Place of Business 6885 STATE RD. EAST	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ZOLFO SPRING, FL. 33890	City & State
Zip 33890	Country HARDEE

4. FEI Number 65-0021340	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARDNER, DOROTHY 1167 SPARROW ROAD ZOLFO SPRINGS FL 33890
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Dorothy L. Gardner DATE 1/17/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARDNER, DOROTHY L. 1167 SPARROW RD ZOLFO SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TATUM, ALMA 536 MEL SMITH RD AVON PARK FL 33825 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLES, RUSSELL RT 2 BOX 274 WAUGHOLA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GETZ, EARL RT 2 BOX 849 AVON PARK FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EARSAIL, EDWARD 29 DELANY HEIGHTS AVON PARK, FLORIDA 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARDNER, DEBRA 900 QUAIL RD. ZOLFO, SPRINGS, FL.. 33890 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OAKMAN, MARCILL 1234 SPARROW RD. ZOLFO SPRINGS, FLA. 33890 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Dorothy L. Gardner DATE 1/17/2000 DAYTIME PHONE # 1-941-773-3124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)