

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737038

1. Entity Name

FIRST BAPTIST CHURCH OF ENGLEWOOD, INC.

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

02-28-2000 90014 043 ****70.00

Principal Place of Business

Mailing Address

278 MANGO STREET
 ENGLEWOOD FL 34223
 US

278 MANGO STREET
 ENGLEWOOD FL 34223-3617
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

278 S. Mango St.
 Suite, Apt. #, etc.

278 S. Mango St.
 Suite, Apt. #, etc.

City & State

City & State

Englewood, FL

Englewood FL

4. FEI Number

59-2333163

Applied For

Not Applicable

Zip

Country

Zip

Country

34223

U.S.A.

34223

U.S.A.

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

DAVIS, JAMES E REV.
 325 W. COWLES ST.
 ENGLEWOOD FL 34223

Name

Dr. Rick Nations

Street Address (P.O. Box Number is Not Acceptable)

278 S. Mango St.

City

Englewood

FL

Zip Code
 34223

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

Rick Nations

2-2-00

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 **TC LOKEY, JOHN**
 STREET ADDRESS **1919 PENNSYLVANIA AVE**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE Change Addition
 NAME **Trustee Chairman Fred Bruin**
 STREET ADDRESS **2265 Brookwood Dr.**
 CITY-ST-ZIP **Englewood FL 34224**

TITLE Delete
 NAME **D WOLFE, RUSSELL**
 STREET ADDRESS **2788 DONGOLA ST**
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE Change Addition
 NAME **Trustee Neal Evans**
 STREET ADDRESS **8406 Nighthawk Dr.**
 CITY-ST-ZIP **Englewood FL 34224**

TITLE Delete
 NAME **D FRANCE, EARL**
 STREET ADDRESS **1815 FAUST DR**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE Change Addition
 NAME **Trustee John Reed**
 STREET ADDRESS **2706 Kiskadee Dr.**
 CITY-ST-ZIP **Englewood FL 34224**

TITLE Delete
 NAME **D KURTZ, JERRY**
 STREET ADDRESS **11923 GRETCHEN AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

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:

Fred Bruin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000
 *Date

Daytime Phone #

CR2E037 (9/99)