

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90062 042 \*\*\*\*61.25

**DOCUMENT # 737038**

1. Entity Name

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

Principal Place of Business

278 S. MANGO STREET  
 ENGLEWOOD FL 34223  
 US

Mailing Address

278 S. MANGO STREET  
 ENGLEWOOD FL 34223  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2333163**

Applied For

Not Applicable

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

NATIONS, RICK DR.  
 278 S. MANGO ST  
 ENGLEWOOD FL 34223

Name  
**Rev. Mark W. Fuss**  
 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 Mark W. Fuss Mark W. Fuss, President 1/8/2001  
 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>T BRUIN, FRED 2265 BROOKWOOD DR ENGLEWOOD FL 34224</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Fred Bruin T 2265 Brookwood Dr. Englewood, Fl. 34224</b>
<input type="checkbox"/> Delete	<b>T EVANS, NEAL 2265 BROOKWOOD DR ENGLEWOOD FL 34224</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>Neal Evans T 8406 Nighthawk Dr. Englewood, Fl. 34224</b>
<input type="checkbox"/> Delete	<b>T REED, JOHN 2265 BROOKWOOD DR ENGLEWOOD FL 34224</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>John Reed T 1364 Kiskadee Dr. Englewood, Fl. 34224</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>P Mark W. Fuss 278 S. Mango St. Englewood, Fl. 34223</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: SIGNATURE REQUIRED

1/8/2001 941-474-2473  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)