

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90138 029 ****61.25

DOCUMENT # 738322

1. Entity Name

FIRST BAPTIST CHURCH OF CHIPLEY, FLORIDA, CORPOR

Principal Place of Business

Mailing Address

1300 SOUTH BLVD
 CHIPLEY FL 32428
 US

P O BOX 643
 CHIPLEY FL 32428-0643
 US

00012672



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6031690

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

HOLLEY, GERALD
 102 EAST CHURCH AVE.
 CHIPLEY FL

Holley, Gerald
 1282 B Church Ave.
 Chipley, FL 32428

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 Gerald Holley

Gerald Holley

1-26-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SDT	LASETER, MAX	1241 DRAGONFLY LANE	CHIPLEY, FL 00000 32428	<input type="checkbox"/>
DT	PORTER C.J.	1205 RICHTER RD.	COTTONDALE FL	<input checked="" type="checkbox"/>
DT	CHRISTMAS BRUCE	1916 PALMVIEW RD.	COTTONDALE FL	<input checked="" type="checkbox"/>
DT	EUGENE, WATTS	1325 WILLIAMS ROAD	CHIPLEY FL 32428	<input type="checkbox"/>
DT	COLEMAN, CRAYTON	2271 HWY 77	CHIPLEY FL 32428	<input type="checkbox"/>
PT	SAUNDERS, WAYNE	847 CANDY LANE	CHIPLEY FL 32428	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DT	Hinson, Larry	621 Third St.	Chipley, FL 32428	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	Pippin, Tillman	889 Kirkland Rd.	Chipley, FL 32428	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: Wayne Saunders

Signature and typed or printed name of signing officer or director

1-26-00 850-638-464

Date

Daytime Phone #