2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # 738344 1. Entity Name FIRST BAPTIST CHURCH OF WEBSTER, INC. 01-29-2000 90127 014 ****61.25 Principal Place of Business Mailing Address 1ST AVE. AND S.E. 2ND ST. 1ST AVE. AND S.E. 2ND ST. P.O. BOX 217 P.O. BOX 217 **68874897** WEBSTER FL 33597-0217 WEBSTER FL 33597 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1630835 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FUSSELL, MARVIN JR **1ST AVE AND 2ND STREET** WEBSTER FL 33597 Zip Code City FL 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. 100 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TITLE □ Change ☐ Addition TITLE NAME NAME FUSSELL, MARVIN JR STREET ADDRESS STREET ADDRESS 1ST AVE AND 2ND ST. CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FUSSELL, MARVIN STREET ADDRESS STREET ADDRESS HWY. 478 CITY-ST-ZIP CITY-ST-ZIP WEBSTER, FL 00000 TITLE Change ■ Addition TITLE SD ☐ Delete NAME NAME TOWNE, HOWARD STREET ADDRESS STREET ADDRESS HWY 478 PO BOX M CITY-ST-ZIP CITY-ST-ZIP WEBSTER, FL 00000 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MIXON, WAYNE STREET ADDRESS STREET ADDRESS **HWY 471** CITY-ST-ZIP CITY-ST-ZIP WEBSTER, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME TODD, JIM MAME STREET ADDRESS STREET ADDRESS **HWY 478** CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME TODD, MICHAEL STREET ADDRESS STREET ADDRESS **HWY 478** CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597 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