

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738544

1. Entity Name

FELLOWSHIP BAPTIST CHURCH OF CARRABELLE, FLORIDA

Principal Place of Business

RYAN DRIVE & AVE F. NORTH
DRAWER KK
CARRABELLE FL 32322

Mailing Address

RYAN DRIVE & AVE F. NORTH
DRAWER KK
CARRABELLE FL 32322-1237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLENDER, FARRIS
HWY 67 N
CARRABELLE 32322

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

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 D ☐ Delete
NAME MILLENDER, FARRIS
STREET ADDRESS HIGHWAY 67 NORTH
CITY-ST-ZIP CARRABELLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME ROBISON, LELA J
STREET ADDRESS 2 AVE 'D'
CITY-ST-ZIP CARRABELLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GLENN, DON
STREET ADDRESS RYAN DR. & F AVE. WEST
CITY-ST-ZIP CARRABELLE FL

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
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TITLE ☐ Delete
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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:

Lela J Robison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NON PROFIT

1-31-00

850-697-3395

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90008 041 ****61.25

CR2E037 (9/99)