

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

0074674

02-19-2001 90023 001 ****61.25

DOCUMENT # 739124

1. Entity Name

FIRST BAPTIST CHURCH OF GILLETTE, INC.

Principal Place of Business

Mailing Address

**3301 97TH STREET EAST
 PALMETTO FL 34221**

**3301 97TH STREET EAST
 PALMETTO FL 34221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2181586

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEACHEY, MRS LYNN
 905 24TH AVE W
 PALMETTO FL 34221**

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	<input type="checkbox"/> Delete
NAME	FLETCHER, JOHN	
STREET ADDRESS	3010 85TH ST. E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEACHEY, MRS. LYNN	
STREET ADDRESS	905 24TH AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEACHEY, MR. BOB	
STREET ADDRESS	905 24TH AVE W	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CADWELL, JOHN BUZBEE	
STREET ADDRESS	4003 57TH ST. E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Signature Required Teachey*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-04-01 *723-2855*
 Date Daytime Phone #

CR2E037 (10/00)