2000 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2000 8:00 am Secretary of State DOCUMENT # 740728 1. Entity Name THE FIRST BAPTIST CHURCH OF DAVENPORT, FLORIDA. 01-26-2000 90037 022 ****61.25 Mailing Address Principal Place of Business MAPLE STREET WEST MAPLE STREET WEST PO BOX 685 PO BOX 685 DAVENPORT FL 33837 **DAVENPORT FL 33836-0685** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2355403 Not Applied Country \$8.75 Additional Zip Country 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) ROCKER, DAVID E. 411 NORTH BLVD. W. DAVENPORT FL 33837 Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. D DP ☐ Change Addition ☐ Delete TITLE TITLE ROCKER, DAVID E. NAME Paul E. O'Neal NAME STREET ADDRESS 411 NORTH BLVD W. STREET ADDRESS 215 E. Maple Street CITY-ST-ZIP CITY-ST-ZIP Davenport, FL 33837 DAVENPORT FL Delete X Change [__[Addition D۷ TITLE TITLE RAYBORN, JAMES Smith, Steve NAME STREET ADDRESS STREET ADDRESS 116 Terrace Drive 89 BREAM ST CITY-ST-ZIP CITY-ST-ZIP HAINS CITY FL 33884 <u> Haines City, FL 33844</u> ☐ Change ☐ Addition ~ Delete DS TITLE TITLE NAME CONLEY, WENDELL NAME STREET ADDRESS STREET ADDRESS LAGO VISTA COURT CITY-ST-ZIP CITY-ST-ZIP Davenport fl ☐ Change Addition TITLE TITI F Ď Delete NAME LINDER, LEE NAME STREET ADDRESS STREET ADDRESS 627 POWER LINE RD CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME CHUMNEY, MILDRED NAME STREET ADDRESS STREET ADDRESS EAST LEMON STREET CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the powered 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.

Mit Comment

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

1/16/00

Date

863 422-4551

Davtime Phone #