

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90018 022 ****70.00

DOCUMENT # 743376

1. Entity Name

THE FIRST BAPTIST CHURCH OF BRANFORD, INC.

Principal Place of Business

503 SUWANNEE AVE
 BRANFORD FL 32008

Mailing Address

PO BOX 853
 BRANFORD FL 32008-0853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1203217**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCOTT, JOHN L
112 SUWANNEE AVE.
BRANFORD FL 32008

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 Delete
 NAME **FLETCHER, ROBERT**
 STREET ADDRESS **PO BOX 408 (N/A)**
 CITY-ST-ZIP **BRANFORD FL**

TITLE Change Addition
 NAME **W.C. Thomas**
 STREET ADDRESS **25045 C.R. 137**
 CITY-ST-ZIP **O'BRIEN, FL 32071**

TITLE Delete
 NAME **FRIERSON, WD**
 STREET ADDRESS **7731 CR 248**
 CITY-ST-ZIP **O'BRIEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **KELLEY, KEVIN**
 STREET ADDRESS **7701 290TH STREET**
 CITY-ST-ZIP **BRANFORD FL 32008**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PERLOWICH, AARON**
 STREET ADDRESS **30279 73RD PL**
 CITY-ST-ZIP **BRANFORD FL**

TITLE Change Addition
 NAME **CT KINSEY, TIMOTHY**
 STREET ADDRESS **RR 4 BOX 138**
 CITY-ST-ZIP **BRANFORD, FL 32008**

TITLE Delete
 NAME **BARNES, DAVID**
 STREET ADDRESS **PO BOX 131 (N/A)**
 CITY-ST-ZIP **BRANFORD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **WALKER, WILLIAM**
 STREET ADDRESS **6542 290TH STREET**
 CITY-ST-ZIP **BRANFORD FL 32008**

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-2000 (904) 935-0608

Date

Daytime Phone #