

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90045 027 ****61.25

DOCUMENT # 747093

1. Entity Name

FIRST BAPTIST CHURCH OF CROOM-A-COOCHIE, INC.

Principal Place of Business

Mailing Address

ROUTE 301, SOUTH
 P.O. BOX 758
 BUSHNELL FL 33513

ROUTE 301, SOUTH
 P.O. BOX 758
 BUSHNELL FL 33513-0758

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1581268

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

BABBITT, KENNETH
RT 1, BOX 134
LAKE PANASOFFKEE FL 33538

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 Delete
 NAME **TD**
 STREET ADDRESS **LAMB, GENE**
 CITY-ST-ZIP **RT 1 BOX 40L CR 654**
BUSHNELL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **BABBITT, KENNETT**
 CITY-ST-ZIP **MAGNOLIA AVE.**
CENTER HILL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **PARKER, WAYNE**
 CITY-ST-ZIP **4385 SW 81ST ST**
BUSHNELL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **WALLACE, GLENDA**
 CITY-ST-ZIP **OSCEOLA ST**
CENTER HILL, FL 00000

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **LAMB, LINDA**
 CITY-ST-ZIP **RT 1 BOX 40 L CR 654**
BUSHNELL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Tim Wallace**
 CITY-ST-ZIP **11843 CR 727**
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **w d a r. LAMB** **3/15/2000** **352-793-9737**
 Daytime Phone #

CR2E037 (9/99)