

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90055 018 \*\*\*\*70.00

**DOCUMENT # 747892**

1. Entity Name

**FIRST BAPTIST CHURCH OF FT. MCCOY, INC.**

Principal Place of Business

Mailing Address

11352 NE CTY HWY 316  
 P.O. BOX 480  
 FT. MCCOY FL 32134-0480  
 US

11352 NE CTY HWY 316  
 P.O. BOX 480  
 FT. MCCOY FL 32134-0480  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2125975**

Applied For

Not Applicable

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

**MCCAMY, RALPH L**  
**14051 NE 110TH AVE RD**  
**FT MCCOY FL 32134**

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 **PD STARLING, EARL**  
 STREET ADDRESS **RT 4 BOX 2030**  
 CITY-ST-ZIP **CITRA FL 32113**

TITLE  Change  Addition  
 NAME **PD STARLING, Earl**  
 STREET ADDRESS **3235 NE 160th St.**  
 CITY-ST-ZIP **Citra FL 32113**

TITLE  Delete  
 NAME **STD MCCAMY, RALPH**  
 STREET ADDRESS **14051 NE 110TH AVE RD**  
 CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BAILEY, RICHARD**  
 STREET ADDRESS **23141 NE 112TH CT**  
 CITY-ST-ZIP **ORANGE SPRINGS 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: \_\_\_\_\_

*Ralph L. McCamy* **Ralph L. McCamy** 4/19/00 352-236-4833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)