

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748955
 1. Entity Name
RICHMOND AVENUE BAPTIST CHURCH, INC.

FILED
 00 MAR 24 PM 3: 58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
715004

Principal Place of Business 304 N. RICHMOND AVE. LEHIGH ACRES FL 33972-5063 US	Mailing Address 304 N. RICHMOND AVE. LEHIGH ACRES FL 33972-5053 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2801696	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
WALLACE, CECIL
704 ARIANNE CT
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent
 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 Cecil L Wallace DATE 2-14-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILES, GEORGE <input type="checkbox"/> Delete 121 ALCALA LEHIGH ACRES FL <i>George Miles</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODDER, CAROLE <input checked="" type="checkbox"/> Delete 1300 WOODWARD CT., #88 LEHIGH ACRES FL <i>Carole Hodder</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, CECIL L <input checked="" type="checkbox"/> Delete 704 ARIANNE CT LEHIGH ACRES FL 33936 <i>Cecil L Wallace</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Cecil L Wallace DATE 2-14-00 DAYTIME PHONE # 941-362-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecil L Wallace