

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750491

1. Entity Name

FT. GREEN BAPTIST CHURCH, INC.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90006 008 ****61.25

Principal Place of Business

2875 BAPTIST CHURCH RD.
BOWLING GREEN FL 33834
US

Mailing Address

2875 BAPTIST CHURCH RD.
BOWLING GREEN FL 33834-4058
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2339367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAWLS, SAM
2727 ST. RD. 62
BOWLING GREEN FL 33834

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

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

TITLE	D	☐ Delete
NAME	RAWLS, SAM	
STREET ADDRESS	2727 ST. RD. 62	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	TD	☐ Delete
NAME	ALBRITTON, PATRICIA	
STREET ADDRESS	1265 KNOLLWOOD CIRCLE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SD	☒ Delete
NAME	SILVERMAN, RILLA	
STREET ADDRESS	RT. 2 BOX 115-H	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	SD	☐ Delete
NAME	COOPER, RILLA	
STREET ADDRESS	3645 HENDRY RD.	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	PD	☐ Delete
NAME	SASSER, DENNIS	
STREET ADDRESS	4595 PRINGLE RD.	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	VD	☐ Delete
NAME	CHANCEY, LEE	
STREET ADDRESS	5259 OLLIE ROBERTS RD.	
CITY-ST-ZIP	BOWLING GREEN FL 33834	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)