

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752136

1. Entity Name

FIRST INDEPENDENT BAPTIST CHURCH OF PONCE DE LEO

Principal Place of Business

HWY. 81 SOUTH
P.O. BOX 226
PONCE DE LEON FL 32455-0226

Mailing Address

HWY. 81 SOUTH
P.O. BOX 226
PONCE DE LEON FL 32455-0226

2. Principal Place of Business

2879 Samson Hwy

Suite, Apt. #, etc.

P.O. Box 126

City & State

Ponce De Leon FL

Zip

32455

Country

Holmes

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0011200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

CARTER, FRANK
RIVER RD.
WESTVILLE FL 32464

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	P	<input type="checkbox"/> Delete
NAME	CARTER, FRANK (TRUSTEE)	
STREET ADDRESS	RIVER RD	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ENGLISH, STEVE	
STREET ADDRESS	HWY 181 SOUTH	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, MAXWELL	
STREET ADDRESS	HWY 181	
CITY-ST-ZIP	WESTVILLE FL 32464	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSS, HILTON	
STREET ADDRESS	811 SOUTH 4TH ST	
CITY-ST-ZIP	DEFUNIAK SPG FL 32433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 entity; and that my name appears in Block 10 or Block 11.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90008 004 ****61.25



DO NOT WRITE IN THIS SPACE