

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753852

1. Entity Name

FIRST BAPTIST CHURCH OF THE REDLANDS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90097 009 ****70.00

Principal Place of Business

16390 SW 248TH ST
HOMESTEAD FL 33031

Mailing Address

16390 SW 248TH ST
HOMESTEAD FL 33031-2004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039244

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

BAGGETT, WILLIAM L.
23701 SW 167 AVE
HOMESTEAD FL 33031

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:
FEES 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 PD
NAME SAPP, STEVEN S
STREET ADDRESS 27451 SW 170 AVE
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE SD
NAME GILBERT, CHARLES F.
STREET ADDRESS 26955 SW 194 AVE
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE VDS
NAME GOODWIN, ROGER
STREET ADDRESS 23330 SW 162 AVE
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE T
NAME PIERCE, JAMES R
STREET ADDRESS 48 N.E. 15TH STREET
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

W. L. Baggett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. L. Baggett

1-11-2000

305-248-4434

Date

Daytime Phone #

CR2F037 (9/99)