

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757446

1. Entity Name

FIRST BAPTIST CHURCH OF FLAGLER BEACH, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90057 015 ****61.25

Principal Place of Business 300 NORTH CENTRAL AVENUE PO BOX 583 FLAGLER BCH. FL 32136	Mailing Address 300 NORTH CENTRAL AVENUE PO BOX 583 FLAGLER BCH. FL 32136-0583
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2135261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANIGAN, TERRI L.
 805 N. HWY A1A, APT. 1. P.O. BOX 1013
 FLAGLER BEACH FL 32136

7. Name and Address of New Registered Agent

Name *Mary Wallace*
 Street Address (P.O. Box Number is Not Acceptable) *P.O. Box 12337 (Mail)*
108 S 13th ST.
 City *Flagler Beach* FL Zip Code *32136*

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 *Mary Wallace, Mary Wallace / Sec / Treas.* DATE *02/15/00*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	CORN, IRVING
STREET ADDRESS	250 SEABREEZE DRIVE
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, CRAIG
STREET ADDRESS	2A SUNSET BLVD
CITY-ST-ZIP	ORMOND FL 32176
TITLE	ST <input type="checkbox"/> Delete
NAME	LANIGAN, TERRI L.
STREET ADDRESS	805 N. HWY A1A, APT. 1, P.O. BOX 1013
CITY-ST-ZIP	FLAGLER BEACH FL 32136
TITLE	D <input type="checkbox"/> Delete
NAME	KEYS, LEONARD
STREET ADDRESS	77 MERRIMAC DRIVE
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	WEVER, DOUGLAS <i>Not here</i>
STREET ADDRESS	300 CENTRAL AVE. BOX 583
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	Rev. Melton, Leonard T.
STREET ADDRESS	310 N 5th ST
CITY-ST-ZIP	Flagler Beach, Fl. 32136

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST
STREET ADDRESS	<i>wallace, Mary</i>
CITY-ST-ZIP	<i>108 S. 13th ST P.O. Box 12337, Flagler Bch. Fl. 32136</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Wallace* *Mary Wallace* *Sec. / Treas.* DATE: *02/15/2000* DAYTIME PHONE #: *904-439-3834*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)