

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90069 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 759142**  
 1. Entity Name  
**BAY STREET BAPTIST CHURCH, INC.**

Principal Place of Business		Mailing Address	
1806 S BAY STREET <del>200 JOHN B. SMITH</del> EUSTIS FL 32726 US		1806 S BAY STREET <del>C/O JOHN B. SMITH</del> EUSTIS FL 32726-5670 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1224752** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>HARDEN, CLARENCE</b> 1806 S BAY ST EUSTIS FL 32726				Name <b>Samuel Roach</b>					
				Street Address (P.O. Box Number is Not Acceptable) <b>1806 S Bay St</b>					
				City <b>Eustis</b>		FL		Zip Code <b>32726</b>	

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]* DATE **2/17/00**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROACH, SAMUEL</b> <b>36914 LAKE YALE DR</b> <b>GRAND ISLAND FL 32735</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Buie, Buddy.</b> <b>500 Jackson St</b> <b>Eustis FL 32726</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAVIS, GARY</b> <b>2312 ALICE AVE</b> <b>EUSTIS FL 32726</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Trustee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thurman, Phil</b> <b>13530 Berkshire</b> <b>Grand Island FL 32735</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RODGERS, TERRY</b> <b>32646 LAKE EUSTIS DR</b> <b>TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HALL, T K</b> <b>1208 LAKESHORE BLVD</b> <b>TAVARES FL 32778</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WHITE, BURNEY</b> <b>203 EASTRIDGE DR</b> <b>EUSTIS FL 32726</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FROST, SUE</b> <b>31807 TROPICAL SHORES DR</b> <b>TAVARES FL 32778</b> <input type="checkbox"/> Delete	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)(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]* **REQUIRED** DATE: **2/19/00** Daytime Phone #

CR2E037 (9/99)