

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762311

1. Entity Name

FIRST BAPTIST CHURCH OF TRENTON, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90078 039 ****61.25

Principal Place of Business

Mailing Address

HWY. 26 AT N.E. 2ND ST.
P. O. BOX 293
TRENTON FL 32693

HWY. 26 AT N.E. 2ND ST.
P. O. BOX 293
TRENTON FL 32693-0293

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

59-1437448

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

BUSH, WILBUR C.
402 S.W. 5TH AVE.
TRENTON FL 32693

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

Wilbur C. Bush

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D...
LORD, E.J.
NE 5TH AVE AT 2ND ST
TRENTON FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SMITH, HAMPTON
CTY RD 232 HART SPRINGS
TRENTON FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BRADLEY, CLIFTON
HWY 26 WEST
TRENTON, FL 00000

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SCOTT, LOIS
SO OF HWY 26
TRENTON FL

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STREET ADDRESS
CITY-ST-ZIP
PD
BUSH, WILBUR C.
402 S.W. 5TH AVENUE
TRENTON FL

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☐ 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: *Wilbur C. Bush*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000 352-463-2038

Date

Daytime Phone #

CR2E037 (9/99)