

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 762311**

1. Entity Name

**FIRST BAPTIST CHURCH OF TRENTON, INC.**

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



DO NOT WRITE IN THIS SPACE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Director <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORD, E.J.</b>	NAME	
STREET ADDRESS	<b>NE 5TH AVE AT 2ND ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HAMPTON</b>	NAME	
STREET ADDRESS	<b>CTY RD 232 HART SPRINGS</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADLEY, CLIFTON</b>	NAME	
STREET ADDRESS	<b>HWY 26 WEST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON, FL 00000</b>	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, LOIS</b>	NAME	
STREET ADDRESS	<b>SO OF HWY 26</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, WILBUR C.</b>	NAME	
STREET ADDRESS	<b>402 S.W. 5TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON FL</b>	CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

*Wilbur C. Bush*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-14-2000 352-463-2038*

CR2E037 (9/99)