2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90016 033 ****61.25

DOCUMENT # 763074

1. Entity Name

MURDOCK BAPTIST CHURCH, INC.

907868

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18375 TOLEDO BLADE BLVD PORT CHARLOTTE FL 33948	P.O. BOX 0484 MURDOCK FL 33938 US

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

4. FEI Number 59-2147569 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEBB, BRENDA M
1518 DORCHESTER ST
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name: DIANE C Thompson
Street Address (P.O. Box Number is Not Acceptable): 889 RIVIERA LANE
City: Port Charlotte FL Zip Code: 33948

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: Diane C Thompson — 1/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 HUNTER, ALAN D 437 HAZEL CIRCLE PUNTA GORDA FL 33982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Trustee VERNON, IVOR 3205 PELLAM BLVD PORT CHARLOTTE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BYRD, CARROLL 341 CAPATOLA STREET PORT CHARLOTTE FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee HORNER, ALLEN 4394 LIBRARY STREET Port Charlotte, FL 33948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRustee WEBB, IRVING 1518 DORCHESTER STREET PORT CHARLOTTE FL 33952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEBB, BRENDA 1518 DORCHESTER ST PORT CHARLOTTE FL 33952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DIANE C. Thompson 889 RIVIERA LANE Port Charlotte, FL 33948	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Clerk BYRD, GIOVANNA 341 CAPATOLA STREET PORT CHARLOTTE FL 33948	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clerk	☒ Change ☐ Addition

CR2E037 (9/99)

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 — 1/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #