

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765693

1. Entity Name

BAPTIST TEMPLE OF DUNDEE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90057 034 ****61.25

Principal Place of Business

Mailing Address

CORNER OF CENTER STREET AND LAKE STREET
C/O PASTOR JIM LYLE, P.O. BOX 937
DUNDEE FL 33838

CORNER OF CENTER STREET AND LAKE STREET
C/O PASTOR JIM LYLE, P.O. BOX 937
DUNDEE FL 33838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3154860

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LYLE, PASTOR JIM
CORNER OF CENTER STREET AND LAKE STREET
DUNDEE FL 33838

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

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 PD ☐ Delete
NAME LYLE, PASTOR JIM
STREET ADDRESS 416 6TH STREET, BOX 937
CITY-ST-ZIP DUNDEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CALHOUN, WOODY
STREET ADDRESS 1009 FLORIDA AVE
CITY-ST-ZIP DUNDEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BURSHA, CHARLES
STREET ADDRESS 44 RAINBOW LANE
CITY-ST-ZIP DUNDEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME IVEY, GEORGE
STREET ADDRESS 3RD & MERRILL ST
CITY-ST-ZIP DUNDEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #