

FILED  
Mar 20, 2001 8:00 am  
Secretary of State

03-02-2001 90017 037 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765693

1. Entity Name

BAPTIST TEMPLE OF DUNDEE, INC.

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

31757

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

B. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LYLE, PASTOR JIM	
STREET ADDRESS	416 6TH STREET, BOX 937	
CITY-ST-ZIP	DUNDEE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, WOODY	
STREET ADDRESS	1009 FLORIDA AVE	
CITY-ST-ZIP	DUNDEE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BURSHA, CHARLES	
STREET ADDRESS	44 RAINBOW LANE	
CITY-ST-ZIP	DUNDEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	IVEY, GEORGE	
STREET ADDRESS	3RD & MERRILL ST	
CITY-ST-ZIP	DUNDEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elton Oviatt	
STREET ADDRESS	30 North 11th St.	
CITY-ST-ZIP	Haines City, FL. 33844	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tommie Mock	
STREET ADDRESS	23 E Eagle Lake Loop Rd.	
CITY-ST-ZIP	Winter Haven, FL. 33880	
TITLE	MT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Doherty	
STREET ADDRESS	P.O. Box 1133 Bell Lake Village	
CITY-ST-ZIP	Dundee, FL. 33938	
TITLE	SA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Monica R. Williams	
STREET ADDRESS	30 N. 11th St. A.A.B.	
CITY-ST-ZIP	Haines City, FL. 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: *Pastor Jim Lyle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2001 863-439-4442

Date Daytime Phone #