2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am Secretary of State **DOCUMENT # 766059** 1. Entity Name FIRST BAPTIST CHURCH, INC., OF BAKER, FLORIDA 01-12-2000 90115 001 ****61.25 Principal Place of Business Mailing Address P.O. BOX 222 1357 15TH ST. 1347 E 14TH ST BAKER FL 32531-2801 **BAKER FL 32531** AUUULSSU 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2116433 Not Applicable - Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANGSTON, FRANCIS D. Street Address (P.O. Box Number is Not Acceptable) JORDAN, MARTHA C. 6706 OLD RIVER RD. 5728 HWY 4 BAKER FL 32531 BANER Zip Code 32531 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 Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE CARR, MARVIS NAME NAME 6161 N HWY 189 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BAKER FL 32531 TR ☐ Change TITLE ☐ Delete TITLE Addition Jordan, Martha C NAME NAME STREET ADDRESS 5728 HWY 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAKER FL 32531** TITLE Delete TITLE ☐ Change Addition THOMPSON, EARL NAME NAME STREET ADDRESS 954 HWY 4A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BAKER FL 32531** TITLE ☐ Delete ☐ Change ■ Addition LANGSTON, FRANCIS D NAME STREET ADDRESS STREET ADDRESS 6706 OLD RIVER RD CITY-ST-ZIP CITY-ST-ZIP BAKER FL 32531 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 eath; 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 add 8501537-5404 SIGNATURE: