

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90145 009 ****70.00

DOCUMENT # 767086

1. Entity Name

FIRST BAPTIST CHURCH OF EAGLE LAKE, INC.

Principal Place of Business

Mailing Address

551 EAGLE AVE.
~~PO BOX 155~~
 EAGLE LAKE FL 33839

551 EAGLE AVE.
 P.O. BOX 887
 EAGLE LAKE FL 33839-0887

632042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

551 Eagle Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eagle Lake, FL

4. FEI Number

59-1378663

Applied For

Not Applicable

Zip

Country

Zip

Country

33839

USA

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

DRAKE, DAVID
 5014 SUNRISE DR.
 165 2ND STREET, NORTH
 WINTER HAVEN FL 33880

Name

DRAKE, DAVID

Street Address (P.O. Box Number is Not Acceptable)

5014 Sunrise Dr

City

WINTER HAVEN

FL

Zip Code

33880

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 Delete
 NAME **PD MCLEOD, T WAYNE**
 STREET ADDRESS **100 GRADY POLK RD.**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MASON, SIMEON R**
 STREET ADDRESS **118 GRADY POLK RD**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TS BARBARA L. SUMMERS**
 STREET ADDRESS **11 TERA LANE**
 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARY BURD**
 STREET ADDRESS **249 3RD ST.**
 CITY-ST-ZIP **EAGLE LAKE 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:

T. Wayne McLeod
SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
 Date

863-293-3011
 Daytime Phone #

CR2E037 (9/99)