

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770371

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-15-2000 90180 024 ****61.25

1. Entity Name

FIRST BAPTIST CHURCH OF WAHOO, INC.

Principal Place of Business

Mailing Address

4517 CR 319
 BUSHNELL FL 33513
 US

4517 CR 319
 BUSHNELL FL 33513-8101
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRITT, ROBERT EUGENE

HIGHWAY 475 - 4222 - N CR 475

P. O. BOX 483

BUSHNELL FL 33513

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 Delete
 NAME PD
 STREET ADDRESS LOVETT, MIKE
 CITY-ST-ZIP 2747 CR 615
 BUSHNELL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME SDT
 STREET ADDRESS LOVETT, ALICE
 CITY-ST-ZIP HWY 48 W PO BOX 211
 BUSHNELL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VPD
 STREET ADDRESS DIETZ, JUD
 CITY-ST-ZIP 5954 SE 7TH WAY PO BOX 1601
 BUSHNELL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME T
 STREET ADDRESS ELDRIDGE, LOUISE
 CITY-ST-ZIP 5548 CR 634
 BUSHWELL FL 33513

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:

Louise Eldridge
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

352 796 9990

WLR

CR2E037 (9/99)