

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000826

1. Entity Name

BIBLICAL EVANGELISM, AN INDEPENDENT BAPTIST EVAN

Principal Place of Business

Mailing Address

1700 WATERFORD DRIVE
#156
VERO BEACH FL 32966
US

1700 WATERFORD DRIVE
#156
VERO BEACH FL 32966-8045
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

75-1047705

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

SUMNER, ROBERT L
1700 WATERFORD DRIVE
#156
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	YOUNGER, W T	1103 CAYUSE CIRCLE, S.E.	SALEM OR	<input type="checkbox"/>
STD	CROTTY, RALPH	1048 GAULT DR	YPSILANTI MI	<input type="checkbox"/>
D	COPASS, ROGER	8132 GRAYSFORD PLACE	FORT WAYNE IN	<input type="checkbox"/>
V	WALL, E WAYNE	113 BLACKSMITH RD	LEXINGTON SC 29072	<input type="checkbox"/>
D	DIXON, PAUL	2731 TOBIAS ROAD	CEDARVILLE OH	<input type="checkbox"/>
D	YOUNGER, W. THOMAS	1103 CAYUSE CIRCLE	SALEM OR 97306-1367	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Delete
DR. ROBERT L. SUMNER, Director	1700 WATERFORD DRIVE #156	VERO BEACH, FL 32966		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DR. ROBERT L. SUMNER	1700 WATERFORD DRIVE #156	VERO BEACH, FL 32966		<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 (561) 294-1144