

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90021 048 ****70.00

DOCUMENT # N02132

1. Entity Name
FIRST BAPTIST CHURCH OF EUREKA, EUREKA, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134	Mailing Address 16350 N.E. 148TH TERR. RD. P.O. BOX 389 FT MCCOY FL 32134-0389
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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	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent
DAMON, SANDRA
16460 NE 139TH CT
FT MCCOY FL 32134

7. Name and Address of New Registered Agent
 Name: **David E. Allen**
 Street Address (P.O. Box Number is Not Acceptable): **16370 N.E. 148th Terrace**
 City: **Fort McCoy FL 32134** State: **FL** Zip Code: **32134**

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: **David E. Allen, Pastor** DATE: **4/25/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME	SD HATFIELD, DEBORAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	15620 NE 137TH COURT	
CITY-ST-ZIP	FORT MCCOY FL 32134	
TITLE NAME	TD TROTTER, DEBRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16321 NE 141 TERR	
CITY-ST-ZIP	FT MCCOY FL	
TITLE NAME	PD DAMON, SANDRA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16460 NE 139TH CT	
CITY-ST-ZIP	FT MCCOY FL 32134	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Edward R. Pinkston	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16377 N.E. 153rd Lane	
CITY-ST-ZIP	Ft. McCoy, FL 32134	
TITLE NAME	TD Jeanette Nichols	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14520 E. Hwy 316	
CITY-ST-ZIP	Ft. McCoy FL 32134	
TITLE NAME	PD Judy Denmon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	16471 N.E. 142nd Court	
CITY-ST-ZIP	Ft. McCoy FL 32134	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jeanette C. Nichols** Date: **4/27/00** Daytime Phone #: **352-236-0839**

CR2E037 (9/99)