

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90107 010 ****70.00

DOCUMENT # N02132

1. Entity Name

FIRST BAPTIST CHURCH OF EUREKA, EUREKA, FLORIDA

Principal Place of Business

Mailing Address

16350 N.E. 148TH TERR. RD.,
 P.O. BOX 389
 FT MCCOY FL 32134

16350 N.E. 148TH TERR. RD.
 P.O. BOX 389
 FT MCCOY FL 32134

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, DAVIE E
16370 NE 148 TERR
FORT MC COY FL 32134

Name **DAVID E. ALLEN**

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

16370 NE 148 TERRACE ROAD

City **FORT MC COY**

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

3/18/01

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	TD	<input checked="" type="checkbox"/> Delete
NAME	TROTTER, DEBRA	
STREET ADDRESS	16321 NE 141 TERR	
CITY-ST-ZIP	FT MCCOY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	PINKSTON, EDWARD R	
STREET ADDRESS	16377 NE 153RD LN	
CITY-ST-ZIP	FORT MC COY FL 32134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	NICHOLS, JEANNETTE	
STREET ADDRESS	14520 E. HWY 316	
CITY-ST-ZIP	FORT MC COY FL 32134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DENMON, JUDY	
STREET ADDRESS	16471 NE 142ND CT	
CITY-ST-ZIP	FORT MC COY FL 32134	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID E. ALLEN	
STREET ADDRESS	16370 NE 148 TERRACE ROAD	
CITY-ST-ZIP	FORT MC COY, FL 32134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *JEANNETTE C. NICHOLS* **JEANNETTE C. NICHOLS, TREASURER 352-546-2370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)