

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N06329**

1. Entity Name

**TRUSTEE CORPORATION OF THE AMELIA BAPTIST CHURCH****FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90064 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**14745 BELLAMY BROS  
DADE CITY FL 33525  
US****14745 BELLAMY BROS BLVD  
DADE CITY FL 33525-7616  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2184317**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BREWTON, WILLIAM F  
708 E MERIDIAN AVE  
DADE CITY FL 33525**

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 **CARR, WAYNE W.**  
CITY-ST-ZIP **8451 GILLET RD  
ZEPHYRHILLS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MCMILLIN, MATTHEW**  
CITY-ST-ZIP **29129 JOHNSTON RD LT 2519  
DADE CITY FL 33523**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Delete  
NAME **SD**  
STREET ADDRESS **HOLTZOWER, ROBERTA**  
CITY-ST-ZIP **2098 DARBY RD.  
DADE CITY FL**TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **ALVARADO, LINDA**  
CITY-ST-ZIP **8829 GILLET RD.  
WESLEY CHAPEL FL 33543**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **CRANE, CARL T. JR**  
CITY-ST-ZIP **8547 GILLET RD  
ZEPHYRHILLS FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **BENNETT, RICHARD**  
CITY-ST-ZIP **3096 DARBY RD  
DADE CITY FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **BENNETT, DEBBIE**  
CITY-ST-ZIP **3096 DARBY ROAD  
DADE CITY FL**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: **CARL T. CRANE JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

(813) 973-0179

Date

Daytime Phone #