

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08335

1. Entity Name

FIRST BAPTIST CHURCH OF ARGYLE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90101 034 ****61.25

Principal Place of Business 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244	Mailing Address 6823 ARGYLE FOREST BLVD. JACKSONVILLE FL 32244-5730
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business same Suite, Apt. #, etc.	3. Mailing Address same Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2452062	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GAY, DENNIS
 8573 ECHORIDGE CT
 JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name same
 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 Dennis W. Gay 1/24/00
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	PT CLIFTON, RAY 7816 KNOLL DR. N. JACKSONVILLE FL 32221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEADOWS, JOHN 7603 CINNAMON TEA CT JACKSONVILLE FL 32244 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAY, DENNIS 8573 ECHORIDGE CT JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MITCHELL, TIM 1288 BEAR RUN BLVD. ORANGE PARK FL 32065 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Collier, Wade 6318 Ian Chad Dr. Jacksonville, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bennett, Keith 3206 Chimney DR. Middleburg, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McGuffey, Scott 8431 Everest DR. Jacksonville, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dennis W. Gay 1/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)