

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90114 036 \*\*\*\*61.25

**DOCUMENT # N08424**

1. Entity Name

**FIRST BAPTIST CHURCH OF DUNEDIN INC.**

Principal Place of Business

500 WOOD ST  
 DUNEDIN FL 34698  
 US

Mailing Address

500 WOOD ST  
 DUNEDIN FL 34698-7028  
 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

**59-0830738**

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

**EARNEST, REV. WAYNE A.**  
**VIRGINIA & HIGHLAND AT MAIN STREET**  
**DUNEDIN FL 33528**

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          | VD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | EHLERS, JAMES                 |  |
| STREET ADDRESS | 1660 COUNTRY LANE             |  |
| CITY-ST-ZIP    | DUNEDIN FL 34698              |  |
| TITLE          | TD                            | <input type="checkbox"/> Delete            |
| NAME           | EVANS, MICHAEL                |  |
| STREET ADDRESS | 1816 WILLOW OAK DR            |  |
| CITY-ST-ZIP    | PALM HARBOR FL 34683          |  |
| TITLE          | VD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | EVENER, FRANK                 |  |
| STREET ADDRESS | 2520 SUNSET PIONT. RD. LOT 47 |  |
| CITY-ST-ZIP    | CLEARWATER FL 34625           |  |
| TITLE          | PD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | EARNEST, WAYNE A.             |  |
| STREET ADDRESS | 500 WOOD STREET               |  |
| CITY-ST-ZIP    | DUNEDIN FL                    |  |
| TITLE          | SD                            | <input checked="" type="checkbox"/> Delete |
| NAME           | SEATON, MARK                  |  |
| STREET ADDRESS | 1776 OVERBROOK AVE            |  |
| CITY-ST-ZIP    | CLEARWATER FL 34615           |  |
| TITLE          |                               | <input type="checkbox"/> Delete            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | VT                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WAPLES, ROBERT            |  |
| STREET ADDRESS | 2385 TAHITIAN LANE APT 11 |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33763      |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | PT                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FLETCHER, ROBERT          |  |
| STREET ADDRESS | 3334 WINDCHIME DR         |  |
| CITY-ST-ZIP    | CLEARWATER, FL 33761      |  |
| TITLE          | ST                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DAILEY, DAVID             |  |
| STREET ADDRESS | 1114 NEW YORK AVE         |  |
| CITY-ST-ZIP    | DUNEDIN, FL 34698         |  |
| 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00 (727) 784-8962  
 Date Daytime Phone #

CR2E037 (9/99)