

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90040 036 \*\*\*\*\*61.25

0086462

**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  
 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

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

7. Name and Address of New Registered Agent

Name

**BLOSCHE, REV. WILLIAM D.**

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

**500 WOOD STREET**

City

**DUNEDIN**

**FL**

**34698**

8. The above named entry 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 file if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/01**

**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	VT	<input type="checkbox"/> Delete
NAME	WAPLES, ROBERT	
STREET ADDRESS	2385 TAHITIAN LANE APT 11	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, MICHAEL	
STREET ADDRESS	1816 WILLOW OAK DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, ROBERT	
STREET ADDRESS	3334 WINDCHIME DR	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DAILEY, DAVID	
STREET ADDRESS	1114 NEW YORK AVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAPLES, ROBERT	
STREET ADDRESS	2385 Tahitian Lane Apt 11	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAN, LOYAL	
STREET ADDRESS	1062 Jackmar Rd	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Womack, Margaret Anne	
STREET ADDRESS	1173 Mary Jane Ln	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]*

**Z5APRO1**

CR2E037 (10/00)