

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90179 038 ****61.25

DOCUMENT # N08455

1. Entity Name

FIRST BAPTIST CHURCH OF CASSELBERRY, INC.

Principal Place of Business

Mailing Address

770 SEMINOLA BOULEVARD
 CASSELBERRY FL 32707

770 SEMINOLA BOULEVARD
 CASSELBERRY FL 32707-3408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1107558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REVEREND CULLEN CHESSER
2844 REGAL LANE
OVIEDO FL 32765

Name **John Cox**

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

531 IRIS RD.

City **Casselberry**

FL

Zip Code **32707**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-0

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	COX, JOHN	531 IRIS RD	CASSELBERRY FL	<input type="checkbox"/>
D	REV. CULLEN CHESSER	2844 REGAL LANE	OVIEDO FL	<input checked="" type="checkbox"/>
DP	GRIFFITH, FRANCES	366 KANTOR BLVD	CASSELBERRY FL	<input checked="" type="checkbox"/>
DS	HALLFORD, JIM	820 PADDOCK WAY	CASSELBERRY FL	<input checked="" type="checkbox"/>
T	CHANNEL, VERA	1287 LAURA ST	CASSELBERRY FL	<input type="checkbox"/>
D	BROOKS, STEVE	612 SANDPIPER LN	CASSELBERRY FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Helen Dennett	20-18 Moree Loop	Winter Springs FL 32707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Dennis Dawn	2931 Omaha Dr	Deltona FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Ralph Detreville	213 Buttonwood Ave	Winter Springs FL 32708	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Florence Webber	712 Royal Palm Dr	Casselberry FL 32707	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 REQUIRED

5-1-0

Date

Daytime Phone #