

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90015 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N10198**  
 1. Entity Name  
**FAMILY LIFE BAPTIST CHURCH, INC.**

Principal Place of Business 1428 N.W. 50TH TERRACE GAINESVILLE FL 32605 US	Mailing Address P.O. BOX 90063 GAINESVILLE FL 32607-0063 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2552664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MONDAY, BARBARA**  
**4342 N.W. 61ST TERRACE**  
**GAINESVILLE FL 32606**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D <input type="checkbox"/> Delete
NAME	DREYER, EUGENE
STREET ADDRESS	1428 NW 50 TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSTON, SAMUEL
STREET ADDRESS	1915 N.W. 13TH STREET
CITY-ST-ZIP	GAINESVILLE FL-32609
TITLE	D <input type="checkbox"/> Delete
NAME	BARK, BOB
STREET ADDRESS	4104 NW 78TH TERR
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	ST <input type="checkbox"/> Delete
NAME	MONDAY, BARBARA
STREET ADDRESS	4342 N.W. 61ST TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32606
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	<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	
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: *Barbara H. Monday* **SIGNATURE REQUIRED** 6/1/00 352-332-9455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)