

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90114 025 \*\*\*\*61.25

**DOCUMENT # N12968**

1. Entity Name

**FIRST BAPTIST CHURCH OF BAREFOOT BAY, INC.**

Principal Place of Business

Mailing Address

**303 BAREFOOT BOULEVARD  
 BAREFOOT BAY FL 32976**

**303 BAREFOOT BOULEVARD  
 BAREFOOT BAY FL 32976**

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

**59-2658401**

Applied For

Not Applicable

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

**GRIFFITHS, ROBERT  
 408 N PAPAYA CIRCLE  
 BAREFOOT BAY FL 32976**

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

*Robert Griffiths*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**ROBERT GRIFFITHS, CHAIRMAN, TRUSTEES**

**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

TITILE **T**  Delete  
 NAME **FRUSCELLA, JOSEPH**  
 STREET ADDRESS **1326 LATAN**  
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITILE  Change  Addition  
 NAME **MARIE SCHMITT**  
 STREET ADDRESS **710 E. Thrush Circle**  
 CITY-ST-ZIP **Barefoot Bay, FL 32976**

TITILE **D**  Delete  
 NAME **JOHNSON, JOHNNY**  
 STREET ADDRESS **801 S SEAGULL CIRCLE**  
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITILE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITILE **D**  Delete  
 NAME **SMITH, DON**  
 STREET ADDRESS **1132 W BARFOOT CIRCLE**  
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITILE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITILE **D**  Delete  
 NAME **HYMAN, FANSELOW**  
 STREET ADDRESS **7675 GREAT BEAR LAKE DR. SNUG HARBOR**  
 CITY-ST-ZIP **SEBASTIAN FL 32976**

TITILE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITILE **C**  Delete  
 NAME **GRIFFITHS, ROBERT**  
 STREET ADDRESS **408 N PAPAYA CIRCLE**  
 CITY-ST-ZIP **BAREFOOT BAY FL 32976**

TITILE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITILE **D**  Delete  
 NAME **CRAIGIE, ROBERT**  
 STREET ADDRESS **717 N. OLEANDER CIRCLE**  
 CITY-ST-ZIP **BAREFOOT BAY FL**

TITILE  Change  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:

*REV. MELLARD L. FRAUMANN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REV. MELLARD L. FRAUMANN, PASTOR 01/18/01 (561)664-1040**

Date

Daytime Phone #

CR2E037 (10/00)