

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90233 041 \*\*\*\*61.25

**DOCUMENT # N13979**

1. Entity Name

**FIRST BAPTIST CHURCH OF FOUNTAIN, FLORIDA, BAY C**

Principal Place of Business

Mailing Address

18906 HWY. 231  
 P O BOX 349  
 FOUNTAIN FL 32438  
 US

18906 HWY. 231  
 P O BOX 349  
 FOUNTAIN FL 32438-0349  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEGROFF, STEVEN**  
**16130 SANDSTONE ROAD**  
**FOUNTAIN FL 32438**

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:**  
**SEE 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 **C**  Delete  
 NAME **KAULBACH, GEORGE**  
 STREET ADDRESS **11920 JASMINE ST.**  
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C**  Delete  
 NAME **DEGROFF, STEVEN**  
 STREET ADDRESS **16130 SANDSTONE RD**  
 CITY-ST-ZIP **FOUNTAIN FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **DAVIS, DENNIS**  
 STREET ADDRESS **19711 DEEP SPRINGS RD**  
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **HAZELIP, HAROLD**  
 STREET ADDRESS **17931 PARK PL**  
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **BELL, MARK**  
 STREET ADDRESS **4116 SINGER RD**  
 CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **DEGROFF, DAWN**  
 STREET ADDRESS **16130 SANDSTONE RD.**  
 CITY-ST-ZIP **YOUNSTOWN FL**

TITLE  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: *[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-22-00** Daytime Phone #: **850-722-9371**

CP2E037 (9/99)