

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14757

1. Entity Name

FIRST CHRISTIAN CHURCH OF LAKE BUTLER, FLORIDA,

Principal Place of Business

FIRST CHRISTIAN CHURCH
155 N.W. FIRST STREET
LAKE BUTLER FL 32054
US

Mailing Address

C/O ARTHUR O. PETERSON, II
RT. 1, BOX 341
LAKE BUTLER FL 32054-9704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2781590

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

PETERSON, ARTHUR O., II
RT. 1, BOX 341
LAKE BUTLER, FL . FL 32054

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:
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 CD ☐ Delete
NAME THOMAS, BILL
STREET ADDRESS 950 SW 2ND ST
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JACKSON, MICHAEL
STREET ADDRESS 305 SW 4TH AVE
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRIFFIS, ELRY ELRY
STREET ADDRESS RT 4 BOX 2392
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ODEN, WAYNE
STREET ADDRESS RT. 1, BOX 229-1
CITY-ST-ZIP BROOKEN FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LYNCH, STEVE
STREET ADDRESS RT 4 BOX 3837
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE D ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Tony Swart
CITY-ST-ZIP RT. 1 Box 470
LAKE BUTLER, FL. 32054

TITLE D ☐ Delete
NAME SPINES, TOM spires, Tom
STREET ADDRESS 610 SW 1ST ST
CITY-ST-ZIP LAKE BUTLER FL 32054

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90048 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR 00:07 (00:00)