

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90096 047 ****61.25

DOCUMENT # N17054

1. Entity Name
FIRST BAPTIST CHURCH OF ATLANTIC BEACH, INC.

Principal Place of Business Mailing Address
1050 MAYPORT ROAD 1050 MAYPORT ROAD
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-3432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1161109 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

SEIF, MOZELLE
770 AMBERJACK
ATLANTIC BCH FL 32233

Name
EDWARD WHITEHEAD, SR
 Street Address (P.O. Box Number is Not Acceptable)
489 MAKO DR
 City **Atlantic Beach** FL Zip Code **32233**

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 *Edward Whitehead* DATE 1-19-00
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 PT NAME L.F. SELF STREET ADDRESS 770 AMBERJACK LANE CITY-ST-ZIP ATLANTIC BEACH FL 32233	<input checked="" type="checkbox"/> Delete	TITLE VPT NAME Jesse Abner STREET ADDRESS 3291 Luana Dr. E CITY-ST-ZIP Jacksonville FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPT PT NAME SULLIVAN, FRED STREET ADDRESS 691 AMBERJACK LANE CITY-ST-ZIP ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME HOFFMAN, TONY SR. STREET ADDRESS 13540 CRASHAW CITY-ST-ZIP JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Anthony Hoffmann* DATE 1-19-00 DAYTIME PHONE # 904-246-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)