

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State
 08-31-2000 90111 018 ****61.25

DOCUMENT # N18962

1. Entity Name

MOULTRIE BAPTIST CHURCH, INC. OF ST. AUGUSTINE,

Principal Place of Business

3699 U.S. 1. SOUTH
 ST. AUGUSTINE FL 32086

Mailing Address

3699 U.S. 1. SOUTH
 ST. AUGUSTINE FL 32086

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

59-2388804

Applied For

Not Applicable

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

MOTT, REV. MICHAEL G.
3699 U.S. 1, SOUTH
ST. AUGUSTINE FL 32086

Name

McCarty, Rev. Larry

Street Address (P.O. Box Number is Not Acceptable)

3699 U.S. 1, South

City

St. Augustine

FL

Zip Code
32086

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 **Larry A. McCarty**

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

(NOTE: Registered Agent signature required when reissuing)

July 31, 2000

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 **D** ☐ Delete
 NAME **SMITH, GENE**
 STREET ADDRESS **383 EL REY AVE.**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

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

TITLE **D** ☒ Delete
 NAME **DEARING, MARK**
 STREET ADDRESS **302 SAN JOSE ROAD**
 CITY-ST-ZIP **ST. AUGUSTINE FL**

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

TITLE **D** ☐ Delete
 NAME **JIMMERSON, DONNA**
 STREET ADDRESS **4084 PINE RUN CIRCLE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE **D** ☐ Delete
 NAME **HILL, JOAN**
 STREET ADDRESS **596 WILLOW WALK**
 CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(f), 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: **Larry A. McCarty**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 31, 2000

Date

904-797-9005

Daytime Phone #

CP2E037 (5/00)