

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19155

1. Entity Name

INDIANTOWN BAPTIST CHURCH, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90008 021 ****61.25

Principal Place of Business	Mailing Address
SW 150TH STREET BOX 396 FL 34956-3323	15457 S.W. 150 STREET P.O. BOX 396 INDIANTOWN FL 34956-0396 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1310764	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

HERMAN, DONALD
15110 S.W. TRAIL CT.
P.O. BOX 396
INDIANTOWN FL 34956

7. Name and Address of New Registered Agent

Name	Clarence Homer Golden
Street Address (P.O. Box Number is Not Acceptable)	16248 SW Indianwood Circle
City	Indiantown FL Zip Code 34956

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: *Clarence H. Golden*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

02-15-2000

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D HUNTLEY, ROBERT 25001 SW 86TH ST.(P.O. BOX 284) INDIANTOWN FL 34956	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clarence Homer Golden 16248 SW Indianwood Circle Indiantown, FL 34956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD HERMAN, DON 15110 S.W. TRAIL CT INDIANTOWN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lytell McAllister 16401 Palomino Street Indiantown, FL 34956	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD LEGERE, MYRTLE 14402 SW DIVOT DR INDIANTOWN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GOODE, WARREN 14700 S.W. CITRUS BLVD. INDIANTOWN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T GRIGGS, LONNY 14331 SW DIVOT STREET INDIANTOWN FL 34956	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of Clarence H. Golden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-15-2000

Date

561-597-3373

Daytime Phone #

CR2E037 (9/99)