

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90186 013 ****61.25

DOCUMENT # N20541
 1. Entity Name
FIRST BAPTIST CHURCH OF CHATTAHOOCHEE

| | | | |
|--|---------|---|---------|
| Principal Place of Business 503 SOUTH MAIN STREET CHATTAHOOCHEE FL 32324 US | | Mailing Address 503 SOUTH MAIN STREET CHATTAHOOCHEE FL 32324-1820 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|--|
| 4. FEI Number 59-1291395 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |

| | | | | |
|---|--|--|----|--------------------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | |
| WILHELMS, RICHARD 1114 SHERWOOD LANE CHATTAHOOCHEE FL 32324 | | Name ELBERT WILSON | | |
| | | Street Address (P.O. Box Number is Not Acceptable) 513 DARIEN STREET | | |
| | | City CHATTAHOOCHEE | FL | Zip Code 32324 |

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 ELBERT WILSON *Elbert Wilson* 4-13-00
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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | DD BOYD, JOE H. 630 CAMP ROAD CHATTAHOOCHEE FL 32324 <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 | DD WILHELM, RICHARD 1114 SHERWOOD LN CHATTAHOOCHEE FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD WILSON, ELBERT 513 DARIEN STREET CHATTAHOOCHEE, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD PACE, ROCKY 17 S ST CHATTACHOOCHEE FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD BASFORD, CHESTER 921 MORGAN AVENUE CHATTAHOOCHEE, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD MOSELEY, DAVE 814 COLEMAN ST CHATTAHOOCHEE FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD BASSETT, JAMES 15 WEST MARION STREET CHATTAHOOCHEE, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD TAYLOR, JAMES 824 PINE AVE CHATTAHOOCHEE FL <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 | DD MYERS, BILL 1321 S MAIN ST CHATTAHOOCHEE FL <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: ELBERT WILSON *Elbert Wilson* 4-13-00 (850) 663-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)