

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20541

1. Entity Name

FIRST BAPTIST CHURCH OF CHATTAHOOCHEE

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

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

Principal Place of Business Mailing Address  
 503 SOUTH MAIN STREET 503 SOUTH MAIN STREET  
 CHATTAHOOCHEE FL 32324 CHATTAHOOCHEE FL 32324-1820  
 US US

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 59-1291395 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

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

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

(NOTE: Registered Agent signature required when reinstating)

4-13-00

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	DD	<input type="checkbox"/> Delete
NAME	BOYD, JOE H.	
STREET ADDRESS	630 CAMP ROAD	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	WILHELM, RICHARD	
STREET ADDRESS	1114 SHERWOOD LN	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	PACE, ROCKY	
STREET ADDRESS	17 S ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	DD	<input checked="" type="checkbox"/> Delete
NAME	MOSELEY, DAVE	
STREET ADDRESS	814 COLEMAN ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	TAYLOR, JAMES	
STREET ADDRESS	824 PINE AVE	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	DD	<input type="checkbox"/> Delete
NAME	MYERS, BILL	
STREET ADDRESS	1321 S MAIN ST	
CITY-ST-ZIP	CHATTAHOOCHEE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ELBERT	
STREET ADDRESS	513 DARIEN STREET	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASFORD, CHESTER	
STREET ADDRESS	921 MORGAN AVENUE	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE	DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSETT, JAMES	
STREET ADDRESS	15 WEST MARION STREET	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 (850) 663-4661

CR2E037 (9/99)