

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N20541**

1. Entity Name

**FIRST BAPTIST CHURCH OF CHATTAHOOCHEE****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90050 038 \*\*\*\*\*61.25

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-1291395	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILSON, ELBERT 513 DARIEN STREET CHATTAHOOCHEE FL 32324

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	
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	DD WILSON, ELBERT 513 DARIEN STREET CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BASFORD, CHESTER 921 MORGAN AVENUE CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD BASSETTT, JAMES 15 WEST MARION STREET CHATTAHOOCHEE FL 32324 <input type="checkbox"/> Delete
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	DD MYERS, BILL 1321 S MAIN ST CHATTAHOOCHEE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD KIMREY, ROGER 810 PINE AVENUE CHATTAHOOCHEE, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MO SELEY, R. DAVE 814 COLEMAN STREET CHATTAHOOCHEE, FL 32324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

Date

850-663-4661

Daytime Phone #

CR2E037 (10/00)