

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90079 006 \*\*\*\*61.25

**DOCUMENT # N22944**

1. Entity Name

**FELLOWSHIP INDEPENDENT BAPTIST CHURCH OF QUINCY,**

Principal Place of Business

Mailing Address

651 SOUTH ADAMS STREET  
 QUINCY FL 32351

651 SOUTH ADAMS STREET  
 QUINCY FL 32351-3905

00010004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DANIEL, WILLIAM F.**  
**418 EAST VIRGINIA STREET**  
**TALLAHASSEE FL 32302**

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

**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  Delete  
 NAME **PD GREEN, WILLIAM A.**  
 STREET ADDRESS **631 N CALHOUN ST**  
 CITY-ST-ZIP **QUINCY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD WILLIAMS, JAMES**  
 STREET ADDRESS **P. O. BOX 159 N/A**  
 CITY-ST-ZIP **MIDWAY FL 32343**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD STACKHOUSE, ELIJAH**  
 STREET ADDRESS **3102-B JIM LEE RD**  
 CITY-ST-ZIP **TALLAHASSEE 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  
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 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)(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: *WILLIAM A. GREEN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00 (850) 875-1214

Date

Daytime Phone #