

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90213 046 ****61.25

DOCUMENT # N25357

1. Entity Name

FIRST BAPTIST CHURCH OF CUYLER, INC.

Principal Place of Business

PO BOX 608
GLEN ST. MARY FL 32040

Mailing Address

PO BOX 608
GLEN ST. MARY FL 32040-0608

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2117400

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARKMAN, DEBORAH
RT 2 BOX 1220
GLEN ST MARY FL 32040

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

Deborah Sparkman

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

(NOTE: Registered Agent signature required when reinstating)

1-23-2000

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

10. OFFICERS AND DIRECTORS

TITLE	D	HEPPNER, MICHAEL W	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		P O BOX 33 N/A	
CITY-ST-ZIP		SANDERSON FL	
TITLE	D	WORTHINGTON, BILLY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT 1 BOX 575 N/A	
CITY-ST-ZIP		SANDERSON FL	
TITLE	D	SPARKMAN, DEBORAH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT 2 BOX 1220	
CITY-ST-ZIP		GLEN ST MARY FL 32040	
TITLE	D	GODBOLD, ROY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		RT. 2	
CITY-ST-ZIP		GLEN ST. MARY FL	
TITLE	D	WADE, JERRY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		PO BOX 1426	
CITY-ST-ZIP		GLEN ST MARY FL 32040	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Deborah Sparkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR037 (9/99)