

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-2117400	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

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 DATE: 1-23-2000

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

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

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 DATE: 1-23-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR037 (9/99)