

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

59-2117400

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

Edward M. McLarty

Street Address (P.O. Box Number is Not Acceptable)

21460 Barn Rd

City

Sanderson

FL

Zip Code

32087

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

Edward M. McLarty

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

(NOTE: Registered Agent signature required when reinstating)

01-04-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward M. McLarty	
STREET ADDRESS	21460 Barn Rd	
CITY-ST-ZIP	Sanderson, FL 32087	
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:

Edward M. McLarty

01-04-01

9042582929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90019 007 ****61.25