

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29527

1. Entity Name

YOUNGSTOWN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

12005 HWY 231  
11335 FIRST STREET (P.O. BOX 229)  
YOUNGSTOWN FL 32466  
US

P.O. BOX 229  
YOUNGSTOWN FL 32466-0229  
US

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

59-2827373

Applied For

Not Applicable

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

Name

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

City

FL Zip Code

GILLILAND, HENRY  
10616 FLOYD LANE  
YOUNGSTOWN FL 32466

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

*Henry Gilliland*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BOSWELL, T.J.	12417 HWY 231	YOUNGSTOWN FL	<input type="checkbox"/>
VD	OTTE, DAVID M	12605 GREENBRIER DR	FOUNTAIN FL	<input type="checkbox"/>
SD	OTTE, GAIL	12605 GREENBRIER DR	FOUNTAIN FL	<input type="checkbox"/>
D	GILLILAND, HENRY	10616 FLOYD LANE	YOUNGSTOWN FL	<input type="checkbox"/>
D	PEACOCK, ROY D.	12036 VEAL ROAD	PANAMA CITY FL	<input type="checkbox"/>
PAS	PLAZARIN, WILLIAM	11335 1ST STREET	YOUNGSTOWN FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *Henry Gilliland* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-2000

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90007 033 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE