

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90104 045 \*\*\*\*61.25

**DOCUMENT # N35180**

1. Entity Name

**FRENCH INTERNATIONAL BAPTIST MISSION, INC.**

Principal Place of Business

2340 RIDDLE ROAD  
 CANTONMENT FL 32533  
 US

Mailing Address

CANTONMENT BAPTIST CHURCH  
 P O BOX 21  
 CANTONMENT FL 32533  
 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

**59-2978895**

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

DAVIS, MORRIS RAY  
 101 MAGNOLIA AVENUE  
 CANTONMENT FL 32533

Name

**ANGIE HUGHEN**

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

**311 BOOTH AVENUE**

City

**CANTONMENT,**

**FL**

Zip Code

**32533**

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

*Angie Hughen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-16-01**

**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 **DM** ☐ Delete  
 NAME **LAWRENCE, JOHN C.**  
 STREET ADDRESS **2340 RIDDLE ROAD**  
 CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DS** ☐ Delete  
 NAME **TAYLOR, MICHAEL E.**  
 STREET ADDRESS **2272 ARGLE RD**  
 CITY-ST-ZIP **CANTONMENT FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **DAVIS, MORRIS RAY**  
 STREET ADDRESS **101 MAGNOLIA AVE**  
 CITY-ST-ZIP **CANTONMENT FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **HUGHEN, JAMES WILLIAM**  
 STREET ADDRESS **311 BOOTH AVE**  
 CITY-ST-ZIP **CANTONMENT FL**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **TAYLOR, STEVE**  
 STREET ADDRESS **4948 WEST SPENCERFIELD ROAD**  
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*John C. Lawrence* **JOHN C. LAWRENCE** 2/13/01 (850) 937-8611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)