

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35413

1. Entity Name

FIRST BAPTIST CHURCH, GRACEVILLE, FLORIDA, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90112 006 ****61.25

Principal Place of Business	Mailing Address
987 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440	987 8TH AVE P. O. BOX 565 GRACEVILLE FL 32440-0565



DO NOT WRITE IN THIS SPACE

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	Applied For
59-1285151	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired.	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRYAN, LAWRENCE
1302 11TH AVE
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name: **Don Graham**
 Street Address (P.O. Box Number is Not Acceptable): **5368 Ezell St.**
 City: **Graceville, FL** Zip Code: **32440**

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: DATE: **4-21-00**

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	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, BRYAN	
STREET ADDRESS	1302 11TH AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRAHAM, DON	
STREET ADDRESS	5368 EZELL ST	
CITY-ST-ZIP	GRACEVILLE FL 32440	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOUTON, RICHARD	
STREET ADDRESS	1047 8TH AVE	
CITY-ST-ZIP	GRACEVILLE FL 32440	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Graham	
STREET ADDRESS	5368 Ezell St.	
CITY-ST-ZIP	Graceville, FL 32440	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benny Register	
STREET ADDRESS	1017 7th Ave.	
CITY-ST-ZIP	Graceville, FL 32440	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Cordell	
STREET ADDRESS	1098 8th Ave.	
CITY-ST-ZIP	Graceville, FL 32440	
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: DATE: **4-21-00** (450) 263-3323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)