

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90062 014 \*\*\*\*61.25

**DOCUMENT # N38822**

1. Entity Name

**FIRST BAPTIST CHURCH OF FROSTPROOF, INC.**

Principal Place of Business P.O. BOX 327 96 WEST B STREET FROSTPROOF FL 33843 US	Mailing Address P.O. BOX 327 96 WEST B STREET FROSTPROOF FL 33843-1843 US
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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 <b>59-1105012</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAIRSEY, HERBERT**  
**4703 WILLOW BROOK COURT**  
**WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name **James Herbert Lairsey**  
 Street Address (P.O. Box Number is Not Acceptable) **4703 Willow Brook Court**  
 City **Winter Haven** FL Zip Code **33881**

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 James Herbert Lairsey James Herbert Lairsey, President 4-4-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOUCINS, G.C.</b> <b>331 WEST F. STREET</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BEASLEY, CAROLE</b> <b>234 EAST F. STREET</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MYER, JOYCE</b> <b>1833 N. LAKE REEDY BLVD</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANTLEY, JOHNNY</b> <b>2251 SR 630 WEST</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTTS, RALPH</b> <b>481 PALMETTO AVE</b> <b>FROSTPROOF FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LAIRSEY, JAMES HERBERT</b> <b>5703 WILLOW BROOK COURT</b> <b>WINTER HAVEN FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Carole Beasley Carole Beasley 4/6/00 863-635-3603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)