

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90008 020 ****70.00

DOCUMENT # N39046

1. Entity Name

FIRST BAPTIST CHURCH OF WINTER BEACH, INC.

Principal Place of Business

Mailing Address

6655 N. US #1
 WINTER BEACH FL 32971

P.O. BOX 156
 WINTER BEACH FL 32971

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

59-1971712

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JANET
6020 65TH ST., P.O. BOX 51
WINTER BEACH FL 32971

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	HAMILTON, ALFRED J	
STREET ADDRESS	5940 26TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BASS, G. EARL	
STREET ADDRESS	7546 59TH AV.	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLOUSTON, REX	
STREET ADDRESS	955 28TH AV	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, JANET	
STREET ADDRESS	6020 65TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32971	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: SIGNATURE REQUIRED Janet Anderson 2-7-00 561-562-5154
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)