

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90037 027 ****70.00

DOCUMENT # N39313
 1. Entity Name
FIRST BAPTIST CHURCH OF EAST PALATKA

Principal Place of Business Mailing Address
TAMMY + TULLIHAN ST - PO Box 404
EAST PALATKA FL. 32131

2. Principal Place of Business 3. Mailing Address
VIVIAN L. BOBBITT 104 BROWNING LANE
 Suite, Apt. #, etc. Suite, Apt. #, etc.
EAST PALATKA FL
 City & State City & State 32131

Zip Country Zip Country
32131 FL 32131 FL

4. FEI Number 59-3022421 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VIVIAN L BOBBITT
104 BROWNING LANE
EAST PALATKA FL, 32131

7. Name and Address of New Registered Agent
 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 Vivian L Bobbitt VIVIAN L BOBBITT April 19 2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 <u>TPD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>W.E WARWICK</u> <input type="checkbox"/> Delete <u>121 River Terrace</u> <u>EAST PALATKA FL 32031</u>
TITLE <u>TND</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Kermit Hester</u> <input type="checkbox"/> Delete <u>Rt 1 - Box 694</u> <u>EAST PALATKA FL - 32131</u>
TITLE <u>ISD</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>VIVIAN L. BOBBITT</u> <input type="checkbox"/> Delete <u>104104 BROWNING LANE</u> <u>EAST PALATKA FLA. 32131</u>
TITLE <u>D</u> NAME STREET ADDRESS CITY-ST-ZIP	<u>Judy Miles</u> <input type="checkbox"/> Delete <u>PO Box 939</u> <u>EAST PALATKA FLA.</u> <u>32131</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: VIVIAN L BOBBITT Vivian L Bobbitt 4/19/2000 904 325-5330

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)