

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90037 027 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N39313
 1. Entity Name
FIRST BAPTIST Church of EAST PALATKA

Principal Place of Business Mailing Address
TAMMY+TILLIGAN 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 FLA
 City & State City & State 32131
 Zip Country Zip Country
32131 FLA 32131 FLA

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 TPD NAME ☐ Delete
 STREET ADDRESS W.E. WARWICK
 CITY-ST-ZIP 121 River Terrace
EAST PALATKA FL 32031
 TITLE TND NAME ☐ Delete
 STREET ADDRESS Kermit Hester
 CITY-ST-ZIP Box 694
EAST PALATKA FL - 32131
 TITLE TSP NAME ☐ Delete
 STREET ADDRESS VIVIAN L. Bobbitt
 CITY-ST-ZIP 104 BROWNING LANE
EAST PALATKA FLA. 32131
 TITLE TD NAME ☐ Delete
 STREET ADDRESS Judy Miles
 CITY-ST-ZIP PO Box 939
EAST PALATKA FLA.
32131
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
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 TITLE NAME ☐ Change ☐ Addition
 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: VIVIAN L Bobbitt Vivian L Bobbitt 4/19/2000 904 325-5330

CR2E037 (9/99)