

2000 UNIFORM BUSINESS REPORT (UBR)

1/1/26

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

01-26-2000 90037 029 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N41845

1. Entity Name
THE FIRST BAPTIST CHURCH OF BARTOW, FLORIDA, INC

Principal Place of Business Mailing Address
410 E. CHURCH ST **410 E. CHURCH ST**
BARTOW FL 33830 **BARTOW FL 33830-3328**

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
05-0013304 (Not Applicable)

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLOAN, LINTON J
410 E CHURCH ST
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name **PITTMAN, H. MARVIN**
 Street Address (P.O. Box Number is Not Acceptable)
665 S. WILSON AVE.,
 City **BARTOW** State **FL** Zip Code **33830**

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]* *[Signature]*
 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**

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, KENNETH D. 1055 BEAR CREEK DR. BARTOW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, H. MARVIN 665 S. WILSON AVE., BARTOW, FL 33830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILES, AL, JR. 740 MANOR DR. BARTOW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, JR. F 1220-SPRING COURT BARTOW FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, FRANK M. 1520 SAILPOINT DR. BARTOW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLANUEVA, LUIS 2160 EL PASO TRAIL BARTOW FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, EUGENE F 1095 S BROADWAY AVE BARTOW FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

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]* **1-19-00** **863-533-9055**
 Signature and typed or printed name of officer or director Date Daytime Phone #

[Signature] Luis Villanueva, Director 2-26-2000
** [Signature]*