

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N41927**

1. Entity Name

FIRST BAPTIST CHURCH OF GROVELAND, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90121 036 ****61.25

Principal Place of Business 137 E. CHERRY ST. GROVELAND FL 34736	Mailing Address 137 E. CHERRY ST. GROVELAND FL 34736-2515
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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 59-1749023	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MITCHELL, G. RANDY 725 SOUTH MAIN AVE GROVELAND FL 34736		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: *Randy Mitchell, Pastor* DATE: *Jan. 21, 2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	
T NAME: HARDY, OZELL STREET ADDRESS: 336 DIVISION STREET CITY-ST-ZIP: CLERMONT FL <input checked="" type="checkbox"/> Delete		T NAME: OLSON, HOWARD STREET ADDRESS: 7305 REDWING ROAD CITY-ST-ZIP: GROVELAND FL 34736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
D NAME: MOULTON, JAMES E. STREET ADDRESS: 267 E SUNSET ST CITY-ST-ZIP: GROVELAND FL <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: MORGAN, WILLIAM M JR STREET ADDRESS: 558 E WALDO ST CITY-ST-ZIP: GROVELAND FL <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: SEWELL, AUBY RAY STREET ADDRESS: 18204 MORRISON STREET CITY-ST-ZIP: GROVELAND FL <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: JEANETTE B EDMUNDSON STREET ADDRESS: 315 SLOAN'S RIDGE ROAD CITY-ST-ZIP: GROVELAND FL <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME: ANDERSON, SHIRLEY STREET ADDRESS: 4022 EAST CARDINAL PINES DRIVE CITY-ST-ZIP: MASCOTTE FL <input checked="" type="checkbox"/> Delete		T NAME: THOMAS, DANA STREET ADDRESS: 5651 MARY'S VILLA ROAD CITY-ST-ZIP: GROVELAND, FL 34736 <input checked="" 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: *Jeanette Edmundson* DATE: *1-21-2000* 352-429-2651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)