

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90290 015 ****61.25

DOCUMENT # N49735
 1. Entity Name
FIRST BAPTIST CHURCH OF CHULUOTA, FLORIDA, INC.

Principal Place of Business Mailing Address
200 LAKE MILLS RD **POST OFFICE BOX 187**
CHULUOTA FL 32766 **CHULUOTA FL 32766**
US

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
59-2324138 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
MAYS, RICHARD L
136 LAKE CRESCANT DR
CHULUOTA FL 32766

7. Name and Address of New Registered Agent
 Name: **Mays, Richard L.**
 Street Address (P.O. Box Number is Not Acceptable)
136 Lake Crescent Drive
 City: **Chuluota** **FL** Zip Code: **32766**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME	TR MAYS, RICHARD L.	<input type="checkbox"/> Delete
STREET ADDRESS	136 LAKE CRESCANT DR	
CITY-ST-ZIP	CHULUOTA FL	
TITLE NAME	TR WENDERLAIN, JOHN K	<input type="checkbox"/> Delete
STREET ADDRESS	2220 ESTES DR	
CITY-ST-ZIP	GENEVA FL	
TITLE NAME	TR STALLWORTH, LUKE	<input type="checkbox"/> Delete
STREET ADDRESS	121 ROSA AVE	
CITY-ST-ZIP	OVIEDA FL	
TITLE NAME	TR RAYBURN, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	140 E -7TH ST	
CITY-ST-ZIP	CHULUOTA FL	
TITLE NAME	TR GREATHOUSE, PHILLIP	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	491 LAKE LENELLE DR	
CITY-ST-ZIP	CHULUOTA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TR Mays, Richard L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	136 Lake Crescent DR.	
CITY-ST-ZIP	Chuluota, FL 32766	
TITLE NAME	TR Wenderlein, John K.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2220 Estes DR.	
CITY-ST-ZIP	Geneva, FL 32732	
TITLE NAME	TR Stallworth, Luke	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	121 Rosa Ave.	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Batchelor, Larry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1014 Corbin Court	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: **John K. Wenderlein** **REQUIRED** **John K. Wenderlein** **1/10/2000** **800-848-3884**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)