

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2000 90028 003 ****61.25

DOCUMENT # N49745

1. Entity Name

FIRST BAPTIST CHURCH OF SANFORD, INC.

Principal Place of Business 519 PARK AVE. SANFORD FL 32771	Mailing Address 519 PARK AVE. SANFORD FL 32771-1934
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DO NOT WRITE IN THIS SPACE

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 59-0818916	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**COLBERT, WILLIAM L.
519 PARK AVE.
SANFORD FL 32771**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

T CARR, KATHLEEN 135 E GOODHEART LAKE MARY FL	<input checked="" type="checkbox"/> Delete
T NOELL, FRANK F. 3880 MOORE'S STA. RD. SANFORD FL	<input checked="" type="checkbox"/> Delete
TC COLBERT, WILLIAM L. 200 W. 1ST ST. - SUITE 22 SANFORD FL	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME STREET ADDRESS CITY-ST-ZIP	T Joe Chambers, Sr P O Box 951194 Lake Mary, FL 32795	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	T Arthurene Cook 431 Elliott Ave. Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	Don Knight 2541 Magnolia Ave. Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	R. C. Whitmire 219 W. 18th St. Sanford, FL 32771	<input type="checkbox"/> Change <input checked="" 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 the empowered.

SIGNATURE: William L. Colbert **RED** **1-19-00 407 322 2171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)