

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90973 044 ****61.25

DOCUMENT # N50491

1. Entity Name

FIRST BAPTIST CHURCH OF MINNEOLA, INC.



Principal Place of Business

**MINNEOLA - 105 GALENA
MINNEOLA FL 34755
US**

Mailing Address

**P.O. BOX 596
MINNEOLA FL 34755**

2. Principal Place of Business

105 Galena St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Minneola FL

City & State

Zip

Country

34755

US

Zip

Country

4. FEI Number **59-1706895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIRKLAND, EARL
999 EAST PLUM LAKE LANE
MINNEOLA FL 34755**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TS** ☐ Delete
NAME **ASBURY, SARAH**
STREET ADDRESS **213 E CHESTER ST**
CITY-ST-ZIP **MINNEOLA FL 34755**

TITLE **T** ☐ Delete
NAME **ASBURY, JACK**
STREET ADDRESS **213 E CHESTER ST**
CITY-ST-ZIP **MINNEOLA FL 34755**

TITLE **T** ☒ Delete
NAME **JOLLY, STEVE**
STREET ADDRESS **103 ISABEL ST**
CITY-ST-ZIP **MINNEOLA FL 34755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Prentice Tyndal**
STREET ADDRESS **464 Junata St**
CITY-ST-ZIP **Clermont FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Sarah Asbury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-03 352-394-3957

CR2E037 (10/02)