

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90130 012 ****61.25

DOCUMENT # N50631

1. Entity Name

FLORIDA BAPTIST CONVENTION, INC.

Principal Place of Business

Mailing Address

1230 HENDRICKS AVENUE
 JACKSONVILLE FL 32207

1230 HENDRICKS AVE
 JACKSONVILLE FL 32207-8619
 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

59-0766980

Applied For

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

7. Name and Address of New Registered Agent

SULLIVAN, T G JOHN
1230 HENDRICKS AVENUE
JACKSONVILLE FL 32207

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: <input checked="" type="checkbox"/> Delete NAME: VD SAINT, ROY LEE STREET ADDRESS: P O BOX 307 NA CITY-ST-ZIP: MADISON FL 32341	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Dennis, Jay A. STREET ADDRESS: 301 North Florida Avenue CITY-ST-ZIP: Lakeland, FL 33801
TITLE: <input checked="" type="checkbox"/> Delete NAME: PD PATTERSON, TIMOTHY STREET ADDRESS: P O BOX 633 NA CITY-ST-ZIP: GLEN ST. MARY-FL	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: PD Johnson, Edward D. STREET ADDRESS: 2801 SE Maricamp Road CITY-ST-ZIP: Ocala, FL 34471
TITLE: <input type="checkbox"/> Delete NAME: S SULLIVAN, T G JOHN STREET ADDRESS: 1230 HENDRICKS AVE CITY-ST-ZIP: JACKSONVILLE FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: S OWENS, GLEN E STREET ADDRESS: 1230 HENDRICKS AVE CITY-ST-ZIP: JACKSONVILLE FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input checked="" type="checkbox"/> Delete NAME: D LANGFORD, NANCY U STREET ADDRESS: 512 S. BONITA ST CITY-ST-ZIP: PANAMA CITY FL	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: D Davie, Marti STREET ADDRESS: 2805 Longleaf Road CITY-ST-ZIP: Panama City, FL 32405
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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:

T.G. John Sullivan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.G. John Sullivan 1/25/2000 (904)396-2351

Date

Daytime Phone #

CR2E037 (9/99)