

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State


0011216

DOCUMENT # N50631

1. Entity Name

FLORIDA BAPTIST CONVENTION, INC.

01-22-2001 90007 037 ****61.25

Principal Place of Business 1230 HENDRICKS AVENUE JACKSONVILLE FL 32207		Mailing Address 1230 HENDRICKS AVE JACKSONVILLE FL 32207 US		 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-0766980
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SULLIVAN, T G JOHN 1230 HENDRICKS AVENUE JACKSONVILLE FL 32207		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 _____ DATE _____
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. <input type="checkbox"/> \$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		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS, JAY A		NAME	Moore, Bruce	
STREET ADDRESS	301 N. FLORIDA AVE		STREET ADDRESS	37511 Church Ave	
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP	Dade City, FL 33525	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, EDWARD D		NAME	Green, J. Thomas	
STREET ADDRESS	2801 SE MARICAMP RD		STREET ADDRESS	216 N Parsons Ave	
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Brandon, FL 32570	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, T G JOHN		NAME		
STREET ADDRESS	1230 HENDRICKS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GLEN E		NAME		
STREET ADDRESS	1230 HENDRICKS AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIE, MARTI		NAME	Laird, Debbie M.	
STREET ADDRESS	2805 LONGLEAF RD		STREET ADDRESS	5212 Tupelo Lane	
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *G. John Sullivan* **G. John Sullivan 1-4-2001 (904) 396-2351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)