

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003497

1. Entity Name

FIRST FILIPINO BAPTIST CHURCH, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90009 046 ****61.25

Principal Place of Business 3846 HARTLEY RD JACKSONVILLE FL 32257 US	Mailing Address 3846 HARTLEY RD JACKSONVILLE FL 32257-6407 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3024281	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ERIBERTO GONZALEZ 10335 TRIPLE CROWN JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DYER, CHARLES R 4527 JULINGTON CREEK ROAD JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VINCENTE, LEONARD 2706 LIBERTY LANE JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GONZALEZ, ERIBERTO 10335 TRIPLE CROWN AVENUE JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTIN, DANILO 12520 WILLOUGHBY LANE ATLANTIC BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAUTISTA, CONNIE 2650 DEBBIE COURT JACKSONVILLE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

SIGNATURE: CONNIE O. BAUTISTA 3/6/2000 (904) 783.4294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)