

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90016 046 \*\*\*\*61.25

**DOCUMENT # N93000004034**

1. Entity Name

**FIRST BAPTIST CHURCH OF INDIAN LAKE ESTATES, INC**

Principal Place of Business

Mailing Address

HIGHWAY 60 EAST  
 INDIAN LAKE ESTATES FL 33855

P.O. BOX 7668  
 INDIAN LAKE ESTATES FL 33855-7668



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

**59-3206149**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES, MARTIN R**  
**30 AVOCADO DRIVE NORTH**  
**INDIAN LAKE ESATES FL 33855**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TAYLOR, DORIS</b>	
STREET ADDRESS	<b>#5 LAGUNA</b>	
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JAMES, MARTIN R</b>	
STREET ADDRESS	<b>30 AVOCADO DRIVE NORTH</b>	
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DENSON, BOB</b>	
STREET ADDRESS	<b>425 GRANADA</b>	
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SWICEGOOD, CAROLYN</b>	
STREET ADDRESS	<b>20 PALMETTO S.</b>	
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES FL 33855</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Frances Morse</b>	
STREET ADDRESS	<b>I Palmetto S.</b>	
CITY-ST-ZIP	<b>INDIAN LAKE ESTATES, FL 33855</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carolyn Swicegood* **REQUIRED** *Carolyn Swicegood* 01-11-00 863 692 1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)