

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

05-15-2001 90039 049 ****61.25

DOCUMENT # N93000005812

1. Entity Name

FIRST BAPTIST CHURCH OF EUSTIS, INC.

Principal Place of Business

Mailing Address

3551 E ORANGE AVE
 EUSTIS FL 32726
 US

P.O. BOX 129
 EUSTIS FL 32726

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

NOT APPLICABLE

Applied For

Not Applicable

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

~~SHAMROCK, KEITH
 37112 CR 452
 EUSTIS FL 32726~~

Delete

Name

Holman, Ron

Street Address (P.O. Box Number is Not Acceptable)

32818 Windy Oak St.

City **Sorrento**

FL

Zip Code **32776**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

6/1/2001

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 | D | <input type="checkbox"/> Delete |
| NAME | BISHOP, STEVE | |
| STREET ADDRESS | 38253 CR 439 | |
| CITY-ST-ZIP | EUSTIS FL 32736 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | BAZNER, JACK | |
| STREET ADDRESS | 339 RIVERGLASS CT. | |
| CITY-ST-ZIP | LEESBURG FL 34788 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WARNER, RICHARD | |
| STREET ADDRESS | 19310 PARK PLACE BLVD | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WORRELL, SCOTT | |
| STREET ADDRESS | 1838 LAKE TERRACE DRIVE | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRUMPTON, JOE | |
| STREET ADDRESS | 226 WOODLAND DR. | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | HOLMAN, RON | |
| STREET ADDRESS | 32818 WINDY OAK ST. | |
| CITY-ST-ZIP | SORRENTO FL 32776 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bishop, Steve | |
| STREET ADDRESS | 38253 CR 439, Eustis, Fl. 32736 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | McRee, Joe | |
| STREET ADDRESS | PO Box 1375 | |
| CITY-ST-ZIP | Eustis, FL 32727 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Spillman, Earl | |
| STREET ADDRESS | 11815 South Shelley Drive | |
| CITY-ST-ZIP | Leesburg, FL. 34788 | |
| 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 of 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

352-357-5640

Date

Daytime Phone #

CR2E037 (10/00)