

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000478

1. Entity Name

FIRST BAPTIST CHURCH OF WAKULLA STATION, FL. INC

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90223 034 ****61.25

Principal Place of Business HWY. 363 WAKULLA STATION FL	Mailing Address P.O. BOX 720 WOODVILLE FL 32327-0706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>945 Woodville Hwy.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Crawfordville, Fla.</i>
Zip	Country
<i>32327</i>	<i>USA</i>

4. FEI Number	Applied For
NOT APPLICABLE	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, HENERY
 768 WOODVILLE HIGHWAY
 CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

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 *Henry McCarthy* Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating) DATE *2-16-00*

**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	
TITLE	TRC <input type="checkbox"/> Delete
NAME	LANGSTON, CURTIS
STREET ADDRESS	110 SAM SMITH CIR
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	TR <input type="checkbox"/> Delete
NAME	SHAIFER, VIRGINIA
STREET ADDRESS	776 WOODVILLE HIGHWAY
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	TR <input type="checkbox"/> Delete
NAME	RUSSELL, MABEL S
STREET ADDRESS	206 OLD NAILS ROAD
CITY-ST-ZIP	CRAWFORDVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	
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: *Mabel S. Russell* **Officer, Mabel S. Russell** *2-16-00* *421-5727*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)