

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N94000002550

1. Entity Name

FIRST BAPTIST CHURCH OF MEXICO BEACH, FLORIDA, I

FILED
May 22, 2000 8:00 am
Secretary of State

04-18-2000 90060 015 ****61.25

Principal Place of Business	Mailing Address
823N 15TH ST MEXICO BEACH FL	P.O. BOX 13691 MEXICO BEACH FL 32410-3691 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Country	Zip	Country
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4. FEI Number	Applied For
59-3245806	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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**SIGN
HERE**

Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DAVID
200 7TH ST
MEXICO BEACH FL 32410

Name	David Miller
Street Address (P.O. Box Number is Not Acceptable)	113 6th St
City	Mexico Beach FL 32410

8. The named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *David Miller* 5-12-00
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	
TITLE	D <input type="checkbox"/> Delete
NAME	THOMPSON, DAVID
STREET ADDRESS	200 7TH ST
CITY-ST-ZIP	MEXICO BEACH FL 32410
TITLE	CD <input checked="" type="checkbox"/> Delete
NAME	LYNN, LOUIS
STREET ADDRESS	204 LOUISIANA DR.
CITY-ST-ZIP	MEXICO BEACH FL 32410
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SASSER, LESLIE
STREET ADDRESS	600 HWY 98
CITY-ST-ZIP	MEXICO BEACH FL 32410
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BENNETT, ORIS
STREET ADDRESS	207 4TH ST
CITY-ST-ZIP	MEXICO BEACH FL 32410
TITLE	D <input type="checkbox"/> Delete
NAME	MOORE, JIM
STREET ADDRESS	BIG GATOR PARK LOT 311
CITY-ST-ZIP	MEXICO BEACH FL 32410
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ROLAND, CLARENCE
STREET ADDRESS	690 N CANAL DR
CITY-ST-ZIP	OVERSTREET FL 32456

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	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Miller
STREET ADDRESS	113 6th St.
CITY-ST-ZIP	Mexico Beach FL 32410
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Brown
STREET ADDRESS	8301 Tradwinds Dr. Gulf Air
CITY-ST-ZIP	Mexico Beach FL 32410
TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane Thorpe
STREET ADDRESS	427 La Siesta Dr.
CITY-ST-ZIP	Mexico Beach FL 32410
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: *Ralph D Brown* SIGNATURE REQUIRED *Ralph D Brown* 5-18-00 850-647-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)