2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400002613

FIRST ANTIOCH MISSIONARY BAPTIST CHURCH OF PLYMO

Principal Place of Business Mailing Address

2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712

2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712-3170

FILED May 18, 2000 8:00 am Secretary of State

05-18-2000 90365 042 ****61.25



2. Principal P	Place of Business							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. FEI Number 59-3121931			plied For t Applicable]
Zip	Country	Žip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	egistered Agent	<u> </u>	7. Name and Addre	ess of New Registere	d Agent		
		 .	Name					
DUCKSWORTH, GEORGE R 2300 W ORANGE BLOSSOM TRAIL			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
APOPKA FL 32712		City		·	F	L Zip Code	_	
SIGNATURE	Signature, typed or printed name of registered agent and FILE NOW: FEE IS \$61.25						- :- w	-
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCKSWORTH, GEORGE R 2300, W ORANGE BLOSSOM TRAIL APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E037 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, VIRGINIA 2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition]ၓ]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, QUINTON 2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, HAROLD 2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHNNIE 2300 W ORANGE BLOSSOM TRAIL APOPKA FL 32712	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		Delete	TITLE NAME	•		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	- C				

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 refleciver 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 attrastment with an address, with all other like empowered.

SIGNATURE: