

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90177 039 \*\*\*\*61.25

**DOCUMENT # N94000006019**  
 1. Entity Name  
**BIBLEWAY-CHURCH-OF-GOD-IN-CHRIST-OF-OAK-HILL-IN**

Principal Place of Business      Mailing Address  
 % WILLIE G. WOOD, PASTOR      % WILLIE G. WOOD, PASTOR  
 281 FLAMINGO RD.      281 FLAMINGO RD.  
 OAK HILL FL 32759      OAK HILL FL 32759-9917

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3301281**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SWEET, BARBARA G**  
**1298 NORTH DIXIE FREEWAY**  
**NEW SMYRNA BEACH FL 32168**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)  
 Signature, typed or printed name of registered agent and title if applicable      DATE

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**  
**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST SMITH, T.K.</b> <b>291 WOOD AVENUE</b> <b>OAK HILL FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TP PAYNE, SAMUEL</b> <b>1008 WILKINS STREET</b> <b>NEW SMYRNA BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS PAYNE, CHRISTINE</b> <b>1008 WILKINS STREET</b> <b>NEW SMYRNA BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WOOD, WILLIE G</b> <b>281 FLAMINGO ROAD</b> <b>OAK HILL FL 32759</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara G Sweet*      SECRETARY      2/29/00      904 423-1200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)