2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600001127 Jul 17, 2000 8:00 am 1. Entity Name **Secretary of State** FIRST MISSIONARY BAPTIST CHURCH OF KEYSTONE, INC 07-17-2000 90010 031 ****70.00 Principal Place of Business Mailing Address 7970 PETERSON RD. 8202 PETERSON ROAD ODESSA FL 33556 ODESSA FL 33556-3241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LIVINGSTON, MARY L 8007 PETERSON RD ODESSA FL 33556 Zip Code FL 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 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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete JENKINS, GABE NAME NAME STREET ADDRESS 8203 ASH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Delete Change آٽيٽ Addition TITLE TITLE GLOVER, JAMES NAME NAME STREET ADDRESS 12712 TRUCIOUS PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P **TAMPA FL 33625** TITLE TITLE Delete Change _ Addition 'NIX, ETHEL M NAME NAME. STREET ADDRESS STREET ADDRESS 7970 PETERSON RD CITY-ST-ZIP CITY-ST-ZIF ODESSA FL 33556 TITLE Defete TITLE ☐ Change ☐ Addition LIVINGSTON, MARY L NAME NAME STREET ADDRESS 8007 PETERSON RD STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITI F ☐ Delete ☐ Change Addition MADISON, BARRON R REV NAME STREET ADDRESS STREET ADDRESS 7970 PETERSON ROAD CITY-ST-ZIP CITY-ST-ZIP ODESSA FL 33556 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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