

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90100 043 ****61.25

DOCUMENT # N96000003638

1. Entity Name

FIRST BAPTIST CHURCH OF ARCHER, FLORIDA, INC.

Principal Place of Business

Mailing Address

**CORNER OF CHURCH AND OAK STREETS
 P.O. BOX 248
 ARCHER FL 32618**

**CORNER OF CHURCH AND OAK STREETS
 P.O. BOX 248
 ARCHER FL 32618-0248**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2001884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASBELL, LAMAR SR.
 18908 S.W. 186TH STREET
 ARCHER FL 32618**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME **ASBELL, LAMAR D**
 STREET ADDRESS **P.O. BOX 212 N/A**
 CITY-ST-ZIP **ARCHER FL 32618**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME **MORRIS, LEROY**
 STREET ADDRESS **PO BOX 191**
 CITY-ST-ZIP **ARCHER FL 32618**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME **BROCKMAN, JOSEPH**
 STREET ADDRESS **11808 SW 156TH ST.**
 CITY-ST-ZIP **ARCHER FL 32618**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME **HODGES, IRA J JR**
 STREET ADDRESS **1109 N. UNIV. AVE.**
 CITY-ST-ZIP **ARCHER FL 32618**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 NAME **SMITH, POLLY A**
 STREET ADDRESS **14509 SW 118TH AVE.**
 CITY-ST-ZIP **ARCHER FL 32618**

Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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: Lamar D. Asbell **REQUIRED** P. Asbell 01-20-00 352-495-9541
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)