

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001060

1. Entity Name

BIBLEWAY LIGHTHOUSE CHURCH OF CHIPLEY, INC.

Principal Place of Business

Mailing Address

1043 HWY 90 E
CHIPLEY FL 32428
US

PO BOX 53
CHIPLEY FL 32428-0053
US

2. Principal Place of Business

1043 HWY 90 E

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

Zip

32428

Country

WASHINGTON

3. Mailing Address

P.O. Box 53

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

Zip

32428

Country

WASHINGTON

4. FEI Number

59-3432080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, LLOYD G
1578 HIGHWAY 90 WEST
CHIPLEY FL 32428

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, LLOYD G	
STREET ADDRESS	1578 HIGHWAY 90 WEST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHITE, ONA F	
STREET ADDRESS	1578 HIGHWAY 90 WEST	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHITE, STEPHEN R	
STREET ADDRESS	3646 YATES SETTLEMENT ROAD	
CITY-ST-ZIP	CARYVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90114 023 ****61.25



DO NOT WRITE IN THIS SPACE