

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90182 050 ****61.25

DOCUMENT # N97000002900

1. Entity Name

FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, I

Principal Place of Business

Mailing Address

**46 9TH STREET
 APALACHICOLA FL 32320**

**P.O. BOX 159
 APALACHICOLA FL 32329-0159**

2. Principal Place of Business

3. Mailing Address

46 - 9th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Apalachicola, FL

4. FEI Number

59-2182368

Applied For

Not Applicable

Zip

Country

Zip

32320

Country

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

**WHITE, RICHARD B
 103 21ST AVE
 APALACHICOLA FL 32320**

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 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	WHITE, RICHARD B	
STREET ADDRESS	103 21ST AVE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEDLEY, OSCAR	
STREET ADDRESS	115 AVENUE B	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITE, MARJORIE C CLERK	
STREET ADDRESS	103 21ST AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE RICHARD B	
STREET ADDRESS	103 21ST AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMBRO GREGORY G.	
STREET ADDRESS	1570 LINDEN ROAD	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE MARJORIE C	
STREET ADDRESS	103 21ST AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER JAMES H.	
STREET ADDRESS	HWY 98 & ISLAND DRIVE	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANVLEET LOUIS	
STREET ADDRESS	30 SHADOW LANE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN LARRY	
STREET ADDRESS	981 WYLONDA AVENUE	
CITY-ST-ZIP	EASTPOINT FL 32328	

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: *Richard B. White* **RICHARD B. WHITE 2-10-00 (850) 653-9665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #