

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90046 039 ****61.25

DOCUMENT # N97000002900

1. Entity Name

FIRST BAPTIST CHURCH OF APALACHICOLA, FLORIDA, I

Principal Place of Business

**46 9TH STREET
 APALACHICOLA FL 32320**

Mailing Address

**46 9TH STREET
 APALACHICOLA FL 32320**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2182368

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

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

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 _____

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

TITLE NAME	PTD WHITE, RICHARD B	<input type="checkbox"/> Delete
STREET ADDRESS	103 21ST AVE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE NAME	VD MEDLEY, OSCAR	<input type="checkbox"/> Delete
STREET ADDRESS	115 AVENUE B	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE NAME	S WHITE, MARJORIE C CLERK	<input type="checkbox"/> Delete
STREET ADDRESS	103 21ST AVENUE	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE NAME	D KEMBRO, GREGORY G	<input type="checkbox"/> Delete
STREET ADDRESS	1570 LINDEN ROAD	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE NAME	D MILLER, JAMES H	<input type="checkbox"/> Delete
STREET ADDRESS	HWY 98 & ISLAND DRIVE	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE NAME	D VANVLEET, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	30 SHADOW LANE	
CITY-ST-ZIP	APALACHICOLA FL 32320	

TITLE NAME	D LARRY GRIFFIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	981 WYLONDA AVE	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE NAME	D E.E. SIZE MORE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	230 AVE F.	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1-16-01

(850) 653-9665

Date

Daytime Phone #

CR2E037 (10/00)

5147