

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90273 039 \*\*\*\*61.25

**DOCUMENT # N97000004973**

1. Entity Name

**FIRST BAPTIST CHURCH OF DANIA HOLDING COMPANY**

Principal Place of Business

23 NW 1ST STREET  
 DANIA FL 33004-2831

Mailing Address

23 NW 1ST STREET  
 DANIA FL 33004-2831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0967943**

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

**AUSTIN, RICHARD**  
**23 NW 1ST STREET**  
**DANIA FL 33004-2831**

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: PD  
 NAME: AUSTIN, RICHARD  
 STREET ADDRESS: 321 SE 3RD PLACE  
 CITY-ST-ZIP: DANIA FL 33004  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: VD  
 NAME: FOX, WILLIAM  
 STREET ADDRESS: 825 NW 7TH AVE  
 CITY-ST-ZIP: DANIA FL 33004  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: VD  
 NAME: RENNERT, BRUCE  
 STREET ADDRESS: 1205 SW 4TH AVE  
 CITY-ST-ZIP: DANIA FL 33004  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: TD  
 NAME: DENNY, Nanci  
 STREET ADDRESS: 1508 SCOTT ST  
 CITY-ST-ZIP: HOLLYWOOD FL 33020  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: SD  
 NAME: BUFFENBARGER, ELIZABETH  
 STREET ADDRESS: 321 SE 3 PL  
 CITY-ST-ZIP: DANIA FL 33004  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-01 (954) 920-4625  
 Date Daytime Phone #

CR2E037 (10/00)