

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90106 019 \*\*\*\*70.00

**DOCUMENT # N97000005203**

1. Entity Name

**NORTHWEST BAPTIST CHURCH OF BRADENTON, INC.**

Principal Place of Business

Mailing Address

5406 10TH AVE DR.  
 BRADENTON FL 34209

BOX 14817  
 BRADENTON FL 34280-4817

2. Principal Place of Business

3. Mailing Address

5406 10th Ave. Dr. W

P.O. BOX 14817

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State  
**BRADENTON, FLORIDA**

City & State  
**BRADENTON, FLORIDA**

4. FEI Number  
**59-3466867**

Applied For  
 Not Applicable

Zip Country  
**34209 USA**

Zip Country  
**34280-4817 USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENINGTON, W.T.**  
**5318 8TH AVE. DR. W.**  
**BRADENTON FL 34209**

Name  
**L. H. FORSTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4959 28th CT. E**  
 City  
**BRADENTON FL** Zip Code  
**34203**

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

*L. H. Forston*  
**L. H. FORSTON - PRESIDENT/DEACONS**

2-27-2000

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 STREET ADDRESS CITY-ST-ZIP	PD DENINGTON, W.T. 5318 8TH AVE. DR. W. BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLCOMB, C.W. 6006 GULF DR #102 HILMES BCH FL 34217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, DONALD R 5406 10TH AVE. DR. W. BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYSON, JAY C 6505 POINTE WEST BLVD BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD L. H. FORSTON 4959 28th CT. E. BRADENTON, FLORIDA 34203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVEN R. POWERS 5114 15th Ave. W BRADENTON, FLORIDA 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S W. T. DENINGTON, 5318 8th Ave. Dr. W. BRADENTON, FLORIDA 34309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS PYLES 3740 PINEBROOK CIRCLE # 207 BRADENTON, FLORIDA 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*L. H. Forston*  
**L. H. FORSTON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-27-2000

Date

(941) 795-7029

Daytime Phone #

CR2E037 (9/99)