

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90131 031 \*\*\*\*61.25

**DOCUMENT # N97000006564**

1. Entity Name  
**FIRST BAPTIST CHURCH OF FREEPORT, FLORIDA, INC.**

Principal Place of Business <b>430 KYLEA LAIRD DRIVE FREEPORT FL 32439</b>	Mailing Address <b>430 KYLEA LAIRD DRIVE FREEPORT, FL 32439-4015</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1738911</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**FARRINGTON, GEORGE  
 3030 HWY 20 E  
 FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW: FE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FARRINGTON, GEORGE</b>
STREET ADDRESS	<b>3030 HWY. 20 EAST</b>
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RENTZ, AUBREY</b>
STREET ADDRESS	<b>1164 BAY GROVE ROAD</b>
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BENNETT, WILLIAM E</b>
STREET ADDRESS	<b>115 WESTERN STREET</b>
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HELMS, MORRIS C</b>
STREET ADDRESS	<b>424 WHITFIELD ROAD</b>
CITY-ST-ZIP	<b>FREEPORT FL 32439</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: George Farrington **SIGNATURE REQUIRED** Date: 4/24/00 Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)