

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000002966**

1. Entity Name

**BURCHWOOD BAPTIST CHURCH OF PLANT CITY, INC.**

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90030 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**38 EUCLID DRIVE  
 PLANT CITY FL 33566**

**38 EUCLID DRIVE  
 PLANT CITY FL 33567-4509**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3384374**

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

**JOHNSON, MICHAEL C SR  
 9301 TIFFANY TR.  
 TAMPA FL 33610**

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

*Michael C. Johnson Sr*

**MICHAEL C. JOHNSON SR.**

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

TITLE **PD**  Delete  
 NAME **JOHNSON, MICHAEL C SR**  
 STREET ADDRESS **9301 TIFFANY TR.**  
 CITY-ST-ZIP **TAMPA FL 33610**

TITLE **TD**  Delete  
 NAME **AUSBURN, CHARLIE L SR**  
 STREET ADDRESS **2028 PLEASANT ACRES DRIVE**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **SD**  Delete  
 NAME **SAMPSON, ARTHUR M JR**  
 STREET ADDRESS **9402 N. ELMER STREET**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D**  Delete  
 NAME **ELLIOTT, LONZIE**  
 STREET ADDRESS **104 HENRY AVENUE**  
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D**  Delete  
 NAME **MCCOY, CARL**  
 STREET ADDRESS **8506 W. BACK ROAD**  
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  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:

*Michael C. Johnson Sr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FC37 (9/99)