

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004520

1. Entity Name

MILLEDGE BAKER MINISTRIES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90070 002 \*\*\*\*61.25

Principal Place of Business

8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

Mailing Address

8100 PINE FOREST ROAD  
WALNUT HILL FL 32568-1759

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3527669

Applied For

Not Applicable

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

BAKER, MILLEDGE L  
8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

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 ☐ Delete  
NAME DP  
STREET ADDRESS BAKER, MILLEDGE L  
CITY-ST-ZIP 8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME OV  
STREET ADDRESS BAKER, BARBARA S  
CITY-ST-ZIP 8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DTS  
STREET ADDRESS BAKER, ANGELA M  
CITY-ST-ZIP 8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SANDERS, TED  
CITY-ST-ZIP 402 SOUTH PRESLEY STREET  
ATMORE AL 36502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SANDERS, MARY K  
CITY-ST-ZIP 402 SOUTH PRESLEY STREET  
ATMORE AL 36502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TRAVIS, CHARLES T  
CITY-ST-ZIP 11152 OAK RIDGE DRIVE S.  
JACKSONVILLE FL 32225

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:

*Milledge L. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/04/00

(850)327-6847

Daytime Phone #

CR2E037 (9/99)