

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90130 010 \*\*\*\*61.25

**DOCUMENT # N98000007149**

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

Principal Place of Business      Mailing Address  
**207 NE 2ND ST**                              **207 NE 2ND ST**  
**JASPER FL 32052**                              **JASPER FL 32052-6616**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**207 NE 2nd St**                              **Same**  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.

City & State                              City & State  
**Jasper, Florida**                              **Same**

Zip                              Country                              Zip                              Country  
**32052**                              **Hamilton**                              **Same**                              **Same**

4. FEI Number      Applied For  
**59-3560986**                               Not Applicable

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

6. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU, INC.**  
**1406 HAYS ST, SUITE 2**  
**TALLAHASSEE FL 32301**

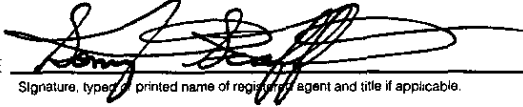
7. Name and Address of New Registered Agent

Name  
**Sonny Scaff**

Street Address (P.O. Box Number is Not Acceptable)  
**215 NE 2nd St**

City      State      Zip Code  
**Jasper**      **FL**      **32052**

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  DATE **1/20/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEDGE, JOHN JR</b>	NAME	
STREET ADDRESS	<b>1126 FIELDCREST ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, RICHARD</b>	NAME	
STREET ADDRESS	<b>6514 NW HWY 41</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REID, HARRY T</b>	NAME	
STREET ADDRESS	<b>905 NW 4TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REGISTER, LOYD</b>	NAME	
STREET ADDRESS	<b>317 SR 6 E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JASPER FL 32052</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **1/20/2000** DAYTIME PHONE # **904-792-2669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)