

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003038

1. Entity Name

INDEPENDENT BAPTIST CHURCH PLANTERS OF AMERICA O

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90137 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

736 TRAMBLEY DR.EAST  
JACKSONVILLE FL 32221

736 TRAMBLEY DR.EAST  
JACKSONVILLE FL 32221-1525

2. Principal Place of Business

3. Mailing Address

736 Trambley Dr East  
Suite, Apt. #, etc.

763 Trambley Dr East  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville

Jacksonville

4. FEI Number

59-3537827

Applied For

Not Applicable

Zip  
FL

Country  
32221

Zip  
FL

Country  
32221

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

MCMILLAN, HOMER I II  
736 TRAMBLEY DR.EAST  
JACKSONVILLE FL 32221

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  
ck 1344

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	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, HOMER I II	
STREET ADDRESS	736 TRAMBLEY DR.EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLAN, HOMER I SR.	
STREET ADDRESS	607-22 DIXIE DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESSER, THOMAS C	
STREET ADDRESS	764 ESTATES COVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, LESTER	
STREET ADDRESS	1509 RADIUM SPRINGS RD.	
CITY-ST-ZIP	ALBANY GA 31706	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, DONALD	
STREET ADDRESS	10482 WELLINGTON SPRINGS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOEMAKER, CHARLES T	
STREET ADDRESS	10482 HAMLET TERR.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McMillan, Homer I SR.	
STREET ADDRESS	19497 Ben Talquin Trace	
CITY-ST-ZIP	Tallahassee, FL 32310	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen, Lester	
STREET ADDRESS	8719 Cherokee Rd	
CITY-ST-ZIP	Blairsville, GA 30512	
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2000 904-607-6767

CR2E037 (9/99)