

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90240 036 \*\*\*\*61.25

**DOCUMENT # 732698**

1. Entity Name

**FIRST BAPTIST CHURCH OF WIMAUMA BUILDING CORPORA**

Principal Place of Business

Mailing Address

5701 CAMP STREET  
 P O BOX 165  
 WIMAUMA FL 33598

5701 CAMP STREET  
 P O BOX 165  
 WIMAUMA FL 33598

**00051315**



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 **59-2476819**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HAMILTON, FRANK E. JR ESQUIRE**  
**2620 W. KENNEDY BLVD**  
**TAMPA FL 33609**

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	VD	<input type="checkbox"/> Delete
NAME	BISHOP, J. F.	
STREET ADDRESS	5150 BISHOP ROAD	
CITY-ST-ZIP	WIMAUMA, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCARBORO, JERRY	
STREET ADDRESS	20539 KEENE ROAD	
CITY-ST-ZIP	LITHIA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SWEENEY, JOHN D.	
STREET ADDRESS	5622 CENTER STREET	
CITY-ST-ZIP	WIMAUMA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *John D. Sweeney* **SIGNATURE REQUIRED** *Sweeney - President / Director* 4-16-01 813-634-1388  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)