

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735506

1. Entity Name

EAST BAPTIST CHURCH OF DEFUNIAK SPRINGS, FLORIDA

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90119 030 ****61.25

Principal Place of Business

Mailing Address

**910 BAY AVE.
 DEFUNIAK SPRGS FL 32433**

**910 BAY AVE.
 DEFUNIAK SPRGS FL 32433-2850**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1603625

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRICE, JOHN
 1048 BAY AVENUE
 DEFUNIAK SPGS FL 32433**

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 **D LAIRD, RALPH**
 STREET ADDRESS **P.O. BOX 1745, 52 N. SHORELINE CIR.**
 CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CARROLL, DONALD**
 STREET ADDRESS **2845 COUNTY HWY 183 NORTH**
 CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GRICE, JOHN**
 STREET ADDRESS **1048 BAY AVENUE**
 CITY-ST-ZIP **DEFUNIAK SPRGS, FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 STREET ADDRESS
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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: _____

Donna L. Grice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 2000
 Date

850/892-2324
 Daytime Phone #

CR2E037 (9/99)