

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90023 030 ****61.25

DOCUMENT # 766492
 1. Entity Name
EAGLES' NEST BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
4650 EAGLES NEST ROAD **4650 EAGLES NEST ROAD**
FRUITLAND PARK FL 34731 **FRUITLAND PARK FL 34731-5634**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2313869 Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENSON, WARREN H.
706 CARRIAGE LANE
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name **Jack Foley**
 Street Address (P.O. Box Number is Not Acceptable)
05326 Eagles Nest Road
 City **Fruitland Park** **FL** Zip Code **34731**

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 *Jack Foley* Jack Foley April 19, 2000
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

TITLE	SD	<input type="checkbox"/> Delete
NAME	CHASTAIN, IVAN	
STREET ADDRESS	3639 TROUT AVENUE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, WARREN H.	
STREET ADDRESS	706 CARRIAGE LANE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOONEY, DARRELL	
STREET ADDRESS	5033 ROBIN DR.	
CITY-ST-ZIP	FRUITLAND PARK 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, JACK	
STREET ADDRESS	05326 Eagles Nest Road	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYNARD, BILL	
STREET ADDRESS	33418 Picciola Drive	
CITY-ST-ZIP	Fruitland Park, FL 34731	
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		
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: *Jack Foley* Jack Foley April 19, 2000 352/326-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)