

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

001653

DOCUMENT # 766492

1. Entity Name

EAGLES' NEST BAPTIST CHURCH, INC.

03-22-2001 90060 002 ****61.25

Principal Place of Business

Mailing Address

**4650 EAGLES NEST ROAD
 FRUITLAND PARK FL 34731**

**4650 EAGLES NEST ROAD
 FRUITLAND PARK FL 34731**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2313869

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

**FOLEY, JACK
 05326 EAGLES NEST ROAD
 FRUITLAND PARK FL 34731**

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 NAME **SD** Delete
CHASTAIN, IVAN
 STREET ADDRESS **3639 TROUT AVENUE**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE NAME **SD** Change Addition
BROADDUS, ERNEST
 STREET ADDRESS **5340 Eagles Nest Road**
 CITY-ST-ZIP **Fruitland Park FL 34731**

TITLE NAME **PD** Delete
FOLEY, JACK
 STREET ADDRESS **05326 EAGLES NEST ROAD**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VD** Delete
MAYNARD, BILL
 STREET ADDRESS **33418 PICCIOLA DRIVE**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 C. FOLEY **JACK C. FOLEY** 3-19-2001 352/326-8441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)