

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90087 016 ****61.25

DOCUMENT # N05006

1. Entity Name

FAITH BAPTIST CHURCH OF SILVER SPRINGS, FLORIDA,

Principal Place of Business

327 N CTY RD 314-A
 SILVER SPRINGS FL 34488
 US

Mailing Address

327 N CTY RD 314-A
 SILVER SPRINGS FL 34488
 US

735 + 85



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

59-2333089

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

DAUNHAUER, FRED
 8655 N.W. 147TH AVE. RD.
 SILVER SPGS. FL 32688

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 \$91.25**

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	PD	<input type="checkbox"/> Delete
NAME	LYNCH, RAYMOD O. JR.	
STREET ADDRESS	1318 SE 173 TERR	
CITY - ST - ZIP	SILVER SPRINGS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DAUNHAUER, FRED	
STREET ADDRESS	8655 NE 147TH AVENUE RD.	
CITY - ST - ZIP	SILVER SPRINGS FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	OSGOOD, ROBERT G.	
STREET ADDRESS	17315 SE 86TH ST.	
CITY - ST - ZIP	OCKLAWAHA 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
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CITY - ST - ZIP		
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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)(c), 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: *Robert G. Osgood* / 28 / 01 625 1524
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E037 (10/00)