

2000 UNIFORM BUSINESS REPORT (UBR)

71

DOCUMENT # 701100

1. Entity Name

FREE WILL BAPTIST TEMPLE OF WINTER GARDEN, INC.

FILED
Aug 29, 2000 8:00 am
Secretary of State

07-18-2000 90019 011 ****61.25

Principal Place of Business 1208 E. STORY ROAD WINTER GARDEN FL 34787	Mailing Address 1208 E. STORY ROAD WINTER GARDEN FL 34787
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0213965	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, JOYCE
1003 GLEN SPRINGS AVE
WINTER GARDEN FL 34787

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 <i>Joyce Morgan</i>	DATE 7/13/00
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FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 STREET ADDRESS CITY-ST-ZIP	TRD NORRIS, JOHN 1448 S NINETH ST WINTER GARDEN FL 34787	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MUSIC, JIM 6617 KRISTIN CT ORLANDO FL 32818	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR POWERS, JACK 3522 COUNTRY ROSE LN APOPKA FL 32768	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SHAPPETTA, GERALD 2079 ALLEGANY CT ORLANDO FL 32818	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WEST, CHRIS 505 W SUMMIT ST APOPKA FL 32712	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, JOYCE 1003 GLENSPRINGS AVE WINTER GARDEN FL 34787	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Perry Morgan 416 E. BAY St. Winter Garden, FL 34787	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Powers 3522 Country Rose Ln. Apopka, FL 32768	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Joyce Morgan* 7/13/00 407-656-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (5/00)