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**Apr 15, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 706053**

1. Corporation Name

**FIRST BAPTIST CHURCH OF WINTER PARK, INC.**

Principal Place of Business

1021 N NEW YORK AVE  
 WINTER PARK FL 32789  
 US

Mailing Address

P OBOX 470  
 WINTER PARK FL 32790  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/19/1963

4. FEI Number

59-0942750

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COWART, JR F O  
 4200 CONRWALL RD  
 WINTER PK FL 32792

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

420 Cornwall Rd.

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE TF  
 NAME AUSLEY, EDWARD R  
 STREET ADDRESS 5323 NEWHALL AVENUE  
 CITY-ST-ZIP ORLANDO FL

TITLE TF  
 NAME KIRKWOOD, J  
 STREET ADDRESS 6032 TWIN LAKES DR  
 CITY-ST-ZIP OVIEDO FL 32796

TITLE STR  
 NAME HOHMAN, GLENN W  
 STREET ADDRESS 1910 SUMMERLAND AVENUE  
 CITY-ST-ZIP WINTER PARK FL

TITLE TR  
 NAME SNEED, ROBERT  
 STREET ADDRESS 2653 BROOKSIDE COURT  
 CITY-ST-ZIP MAITLAND FL

TITLE CTR  DELETE  
 NAME RAY, JOE W  
 STREET ADDRESS 5174 LAZY OAKS DR.  
 CITY-ST-ZIP WINTER PARK FL

TITLE T  
 NAME COWART JR. FRANKLIN O.  
 STREET ADDRESS 420 CORNWALL RD  
 CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tr  Change  Addition  
 1.2 NAME Ausley, Edward R.  
 1.3 STREET ADDRESS 5323 Newhall Ave.  
 1.4 CITY-ST-ZIP Orlando, Fl 32810

2.1 TITLE Tr  Change  Addition  
 2.2 NAME ~~Jim~~ Kirkwood, Jim  
 2.3 STREET ADDRESS 6032 Twin Lakes Dr.  
 2.4 CITY-ST-ZIP Oviedo, Fl 32765

3.1 TITLE C/TR  Change  Addition  
 3.2 NAME Hohman, Glenn W.  
 3.3 STREET ADDRESS 1910 Summerland Ave.  
 3.4 CITY-ST-ZIP Winter Park, Fl 32789

4.1 TITLE V/TR  Change  Addition  
 4.2 NAME Sneed, Robert  
 4.3 STREET ADDRESS 2653 Brookside Ct.  
 4.4 CITY-ST-ZIP Maitland, Fl 32751

5.1 TITLE Tr  Change  Addition  
 5.2 NAME Mullinax, Lloyd  
 5.3 STREET ADDRESS 2436 Genova Dr.  
 5.4 CITY-ST-ZIP Oviedo, Fl 32765

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

Daytime Phone #

407-380-8103 (w)

645-0867 (w)

CR2E037 (11/98)