


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90056 035 ****61.25

DOCUMENT # 713266

1. Entity Name
FIRST BAPTIST HOUSING, INC.



Principal Place of Business Mailing Address
414 EAST PINE STREET **414 EAST PINE STREET**
ORLANDO FL 32801 **ORLANDO FL 32801**

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 **59-2357101** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SANDERS, LARRY T.
414 E PINE ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Larry T. Sanders* **Larry T. Sanders, Administrator** **1/21/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELSEY, ROBERT	
STREET ADDRESS	2730 S. LAKE ORLANDO PKY 9664 Weatherstone Ct	
CITY-ST-ZIP	ORLANDO FL Windemere, FL 34786	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	MALLORY, SHIRLEY	
STREET ADDRESS	613 ORIOLE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JAMES	
STREET ADDRESS	1457 MONTCALM ST	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOIS, WENGER	
STREET ADDRESS	4600 TINSLEY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARNOLD, WESLEY	
STREET ADDRESS	3927 WATERFRONT PARKWAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PETERSON, JUDD J	
STREET ADDRESS	5025 BULTER RIDGE DR	
CITY-ST-ZIP	WINDEMERE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, ROBERT	
STREET ADDRESS	9664 WEATHERSTONE COURT	
CITY-ST-ZIP	WINDEMERE FL 34786	
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		
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: *Robert E. Kelsey* **Robert E. Kelsey, President 407-841-7207**

CR2E037 (10/02)