

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90119 001 \*\*\*183.75

**DOCUMENT # 713821**

1. Entity Name

**FIRST BAPTIST CHURCH OF WINDERMERE, INC.**

Principal Place of Business

P.O. BOX 769  
 WINDERMERE FL 34786

Mailing Address

P.O. BOX 769  
 WINDERMERE FL 34786

**71673**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1263694**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**PARRISH, DOUG SR**  
**1126 KELSO BLVD**  
**WINDERMERE FL 34786**

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.

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

TITLE **D**  Delete  
 NAME **JOHNSTON, MARK**  
 STREET ADDRESS **1133 MISSION RIDGE CT**  
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D**  Delete  
 NAME **WARREN, WELDON**  
 STREET ADDRESS **3612 LAKE BUYNAC ROAD**  
 CITY-ST-ZIP **WINDERMERE FL**

TITLE **SD**  Delete  
 NAME **CROFOOT, FRANCES J.**  
 STREET ADDRESS **8823 BAY HILL BLVD.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **P**  Delete  
 NAME **PARRISH, DOUG SR**  
 STREET ADDRESS **1126 KELSO BLVD**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

**SIGNATURE REQUIRED**

4-26-01

CR2E037 (10/00)