


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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**


02-03-2003 90148 045 \*\*\*\*61.25

**DOCUMENT # 721684**  
1. Entity Name  
**BANANA BAY BAPTIST CHURCH, INC.**



Principal Place of Business: **1333 E. CROWN POIN RD  
OCOE FL 34761  
US**  
Mailing Address: **1583 E. SILVER STAR RD., #356  
OCOE FL 34761  
US**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

**22000706**  
  
 CHECK HERE IF MAKING CHANGES  
4. FEI Number **59-3471364**  
Applied For:  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DOYLE, DAVID  
1417 E. CONCORD ST.  
ORLANDO FL 32803**  
*POST OFFICE BOX 1090  
WINTER PARK, FL  
32790-1090*

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]*  
SIGNATURE: \_\_\_\_\_ (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	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>GUNTER, TIMOTHY E</b>	
STREET ADDRESS	<b>1411 CHAPEL RIDGE DR</b>	
CITY-ST-ZIP	<b>OCOE FL 34761</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>STINSON, WAYNE</b>	
STREET ADDRESS	<b>803 SPRING CREEK DR</b>	
CITY-ST-ZIP	<b>OCOE FL 34761</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LANE, JIM</b>	
STREET ADDRESS	<b>4921 CENTER LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, FRANK</b>	
STREET ADDRESS	<b>955 GLENVIEW CIR</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *[Signature]* **SIGNATURE REQUIRED - GUNTER** 1-5-2003 407 656 8558

CR2E037 (10/02)