

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90098 034 ****61.25

DOCUMENT # 736229

1. Entity Name

FIRST CHRISTIAN CHURCH OF WINTER PARK, FLORIDA



Principal Place of Business

**1140 S. LAKEMONT AVENUE
WINTER PARK FL 32792**

Mailing Address

**1140 S. LAKEMONT AVENUE
WINTER PARK FL 32792**

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 **59-1574628**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAGLEY, JACK
1140 S LAKEMONT AVE
WINTER PARK FL 32792**

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, 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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIS, ANTHONY 4229 WINDBROOK LN ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OWENS, WILLIAM 4811 DERRY CRT ORLANDO FL 32817	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, MICHAEL 390 MORNING-BLOSSOM LN OVIEDO FL 32765	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGLEY, JACK 1140 S LAKEMONT AVE WINTER PARK FL 32792	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIS, ANTHONY 465 MADISON LANE OVIEDO, FL 32765	☒ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CLIFTON 2032 SUSSEX RD. WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JAMES 3503 GLEAVES COURT APOPKA, FL 32703	☐ 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: **WILLIAM OWENS 8/19/03 (407) 644-5060**

CR2E037 (4/03)