

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

002987

03-16-2001 90019 005 \*\*\*\*61.25

**DOCUMENT # 753101**

1. Entity Name

**WESTVIEW BAPTIST CHURCH OF SANFORD, INC.**

Principal Place of Business

**4100 PAOLA ROAD  
 SANFORD FL 32771  
 US**

Mailing Address

**4100 PAOLA ROAD  
 SANFORD FL 32771  
 US**

**LUUJ4436**



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

**59-2015744**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIFFITH, EMILY  
 2780 NARCISSUS AVE  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

**Dale, Larry**

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

**120 Kaywood Drive**

City

**Sanford**

**FL**

Zip Code

**32771**

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

**Larry Dale, President**

**3/13/01**

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	PD	<input type="checkbox"/> Delete
NAME	GRIFFITH, EMILY	
STREET ADDRESS	2780 NARCISSUS AVE.	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUGG, WILLIAM	
STREET ADDRESS	329 TERSAS CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, CHARLENE	
STREET ADDRESS	107 RIDGE RD	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREGORY, EARL	
STREET ADDRESS	292 LAKESHORE DRIVE	
CITY-ST-ZIP	SANFORD FL 32746	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAHAM, DIANE	
STREET ADDRESS	1877 COBLE DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE, LARRY	
STREET ADDRESS	120 Kaywood Drive	
CITY-ST-ZIP	Sanford, FL 32771	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUKE, BOB	
STREET ADDRESS	317 E. Crystal Drive	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARY, HAROLD "BUCK"	
STREET ADDRESS	403 Valencia Court	
CITY-ST-ZIP	Longwood, FL 32750	
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 REQUIRED** **Larry Dale, President (407) 323-6085**  
 DATE: **3/13/01** DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (10/00)