## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** Jan 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 753101** 1. Entity Name 01-23-2003 90176 032 \*\*\*\*61.25 WESTVIEW BAPTIST CHURCH OF SANFORD, INC. Principal Place of Business Mailing Address 4100 PAOLA ROAD 4100 PAOLA ROAD 10003363 SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2015744 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BADER, GIDEON ( Street Address (P.O. Box Number is Not Acceptable) **813 PARAGUAY COURT** SANFORD FL 32771 City 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. 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Change Addition BADER, GIDEON NAME NAME **806 PARAGUAY COURT** STREET ADDRESS STREET ADDRESS CITY-ST-7IP SANFORD FL 32771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GRIFFITH, WILLIAM R NAME NAME STREET ADDRESS 2780 NARCISSUS AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 ☐ Delete TITLE Change Addition MILLER, CHARLENE NAME NAME STREET ADDRESS 107 RIDGE RD STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change Addition CLARY, HAROLD "BUCK" NAME NAME STREET ADDRESS **403 VALENCIA COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LONGWOOD FL 32750 TITLE ☐ Delete TITLE Change ☐ Addition NICHOLS, ANN J NAME

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 trustae 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TIT! F

NAME

**4224 ROCKY RIDGE PLACE** 

SANFORD FL 32773

Delete

☐ Change

☐ Addition