

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 754431**

1. Entity Name

FIRST BAPTIST CHURCH MARKHAM WOODS, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90111 046 ****61.25

Principal Place of Business

Mailing Address

**5400 MARKHAM WOODS ROAD
LAKE MARY FL 32746-4012****5400 MARKHAM WOODS ROAD
LAKE MARY FL 32746-4012**

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

59-2045956

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

**DIEMER, JACK
225 E PALMETTO AVE
LONGWOOD FL 32750**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	PICERNE, ROBERT M	257 NEW GATE LOOP	LAKE MARY FL 32746	☐					☐	☐
P	DIEMER, JACK	225 E PALMATTO AVE	LONGWOOD FL	☐					☐	☐
SD	PARKER, GLORIA	1701 FOUNTAINHEAD DR.	LAKE MARY FL 32746	☐					☐	☐
TD	KING, PAUL	1720 IVERNESS COURT	LONGWOOD FL	☐					☐	☐
VP	JONES, ROBERT	634 BROOKFIELD LOOP	LAKE MARY FL 32746	☒	VP	John Hellinger	6624 Nina Rosa Dr.	Orlando, FL 32819	☒	☒
				☐					☐	☐

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: *Gloria J. Parker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01 407 333-2085

Date

Daytime Phone #

CR2E037 (10/00)