

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762582

1. Entity Name

FIRST BAPTIST CHURCH OF WELLINGTON, INC.

Principal Place of Business

12700 FOREST HILL BLVD. W
WELLINGTON FL 33414-4765
US

Mailing Address

12700 FOREST HILL BLVD. W.
WELLINGTON FL 33414-4765
US

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

59-2025397

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

TOWNSEND, TERRY G.
12700 FOREST HILL BLVD. WEST
WELLINGTON FL 33414

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 P ☐ Delete
NAME TOWNSEND, TERRY G.
STREET ADDRESS 12700 FOREST HILL BLVD W
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR ☐ Delete
NAME RAY, TERRILL
STREET ADDRESS 14829 HORSESHOE TRACE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TR ☒ Delete
NAME OWSLEY, JOE
STREET ADDRESS 2919 PALM DEER DR
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Change ☒ Addition
NAME DODSON, BILL
STREET ADDRESS 15818 Key Lime Boulevard
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE S ☐ Delete
NAME AUTWELL, ELISE
STREET ADDRESS 16121 73 CT NO.
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CAUSEY, WILLIAM
STREET ADDRESS 892 LANTERN TREE LANE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE TR ☒ Change ☐ Addition
NAME
STREET ADDRESS 16280 Epson Drive East
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE T ☒ Delete
NAME STRICKLAND, ALAN
STREET ADDRESS 8274 COCONUT BLVD
CITY-ST-ZIP ROYAL PALM BCH FL 33412

TITLE ☐ Change ☒ Addition
NAME CIOFFI, Shane
STREET ADDRESS 13015 Blue Lake Drive
CITY-ST-ZIP Wellington, FL 33414

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: *Restoration* President, Registered Agent &
REQUIRED Pastor 4-13-00 (561) 793-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)