

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90113 043 ****61.25

DOCUMENT # 700361

1. Entity Name

THE FIRST BAPTIST CHURCH OF CONWAY, INC.

Principal Place of Business 4000 S. CONWAY ROAD ORLANDO FL 32812-5050	Mailing Address 4000 S. CONWAY ROAD ORLANDO FL 32812-5050
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17554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-1110624	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JONES, WINDELL L SR
 4703 INDIAN GAP DR
 ORLANDO FL 32812**

7. Name and Address of New Registered Agent
 Name **DAVIS, Hilton Pastor**
 Street Address (P.O. Box Number is Not Acceptable)
3411 SANTA MONICA DRIVE
 City **Orlando** FL Zip Code **32822**

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 *Hilton Davis* **HILTON DAVIS** **1/14/02**
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 NAME TD STUCKER, MARY	<input type="checkbox"/> Delete
STREET ADDRESS 6154 MARY LYNN CT	
CITY-ST-ZIP ORLANDO, FL 32800	
TITLE NAME CD JONES, WINDELL L SR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4703 INDIAN GAP DR	
CITY-ST-ZIP ORLANDO FL 32812	
TITLE NAME CD AMBURGY, ED L	<input type="checkbox"/> Delete
STREET ADDRESS 2009 OSCEOLA AVE	
CITY-ST-ZIP ORLANDO FL 32806	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD PASTOR DAVIS, Hilton	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3411 SANTA MONICA DRIVE	
CITY-ST-ZIP Orlando, FL 32822	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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: *Hilton Davis* **HILTON DAVIS** **1/14/02** (407) 277-3040
Signature and typed or printed name of signing officer or director. Date Daytime Phone