


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90113 025 \*\*\*\*61.25

**DOCUMENT # 701220**

1. Entity Name  
**THE FIRST BAPTIST CHURCH OF FOREST CITY HOLDING COMPANY, INCORPORATED**



Principal Place of Business  
**721 W. LAKE BRANTLEY RD.  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**721 W. LAKE BRANTLEY RD.  
ALTAMONTE SPRINGS FL 32714**

**60019876**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-1827387**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, GREG  
421 WEST LAKE BRANTLEY ROAD  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name **Joyce NARDELLI**

Street Address (P.O. Box Number is Not Acceptable)  
**602 Mockingbird Lane**

City **ALTAMONTE SPRINGS FL** Zip Code **32714**

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 Joyce Nardelli, clerk DATE 4/06/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, JOHN</b>	
STREET ADDRESS	<b>127 INGRAM CIRCLE</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOGAN, CAROL</b>	
STREET ADDRESS	<b>651 W. LAKE BRANTLEY RD.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WITTEKIND, ROBERT</b>	
STREET ADDRESS	<b>3903 GREENLOCK CT</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EGER, JOHN</b>	
STREET ADDRESS	<b>2720 DORADO CT</b>	
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>655 W. LAKE BRANTLEY RD.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3903 GREENOCK CT</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>603 DEARBORN AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>	
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: Robert L. Wittekind **ROBERT L. WITTEKIND** DATE 4-06-03 **407-464-3823**

CR2E037 (10/02)