

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704877

1. Entity Name

GREATER ORLANDO BAPTIST ASSOCIATION, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90164 001 \*\*\*122.50

Principal Place of Business

1906 WEST LEE ROAD  
ORLANDO FL 32810

Mailing Address

1906 WEST LEE ROAD  
ORLANDO FLA 32810-5704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6033984

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAGNER, RICHARD A.  
304 E. COLONIAL AVENUE  
ORLANDO FL 32801

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 ☐ Delete  
NAME D  
STREET ADDRESS FORTINBERRY, JAMES  
CITY-ST-ZIP 6548 DOVER COVE DR  
ORLANDO FL 32822

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS COULTER, ANDRE  
CITY-ST-ZIP 3181 WHOOPING CRANE RUN  
KISSIMMEE FL 34741

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

TITLE ☒ Delete  
NAME P  
STREET ADDRESS HAYNES, BILL  
CITY-ST-ZIP 3800 WEKIVA SPRINGS RD  
LONGWOOD FL 32779

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Enric Richards  
CITY-ST-ZIP 3292 Brewster Dr.  
Kissimmee FL 34743

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILDER, TIM  
CITY-ST-ZIP 3267 BUFFALO CT  
KISSIMMEE FL 34746

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Tim Wilder  
CITY-ST-ZIP 3267 Buffalo Ct  
Kissimmee FL 34746

TITLE ☐ Delete  
NAME T  
STREET ADDRESS COPELAND, ED  
CITY-ST-ZIP 1500 CAVENDISH RD.  
WINTER PARK FL 32789

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MITCHELL, HAROLD  
CITY-ST-ZIP 2201 DELORAINE TRAIL  
MAITLAND FL

TITLE ☐ Change ☐ 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:

*James Fortinberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/00  
Date

407-293-0450  
Daytime Phone #

CR2E037 (9/99)