2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90050 016 ****70.00

DOCUMENT # 707013

1. Entity Name

FIRST BAPTIST CHURCH OF ALTAMONTE SPRINGS, INC.

Principal Place of Business	Mailing Address
740 FLORIDA CENTRAL PKWY STE 2028 LONGWOOD FL 32750-6346 US	POB 521748 LONGWOOD FL 32752-1748 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 North Street	900 North Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood, FL	City & State: Longwood, FL
Zip: 32750 Country: Seminole	Zip: 32750 Country: Seminole

4. FEI Number 59-1058147 ☐ 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
LILES, BILL V. 514 BARCLAY AVE. ALTAMONTE SPRINGS FL 32701	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 Bill V. Liles 2/27/01

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LILES, BILL V.		NAME		
STREET ADDRESS	514 BARCLAY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RITCHIE, C. DAVID		NAME		
STREET ADDRESS	161 THORNBERRY DR		STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WELDON, JOHN W		NAME		
STREET ADDRESS	9223 TELFER RUN		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KNIGHT, THOMAS E		NAME		
STREET ADDRESS	749 LITTLE WEKIVA CIR		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/00)

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: Bill V. Liles 2/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #