# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 24 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 787013

1. Entity Name

First Baptist Church of Altamonte Springs, Inc.

**DO NOT WRITE IN THIS SPACE**

2002 AMENDED

| 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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Frank Ramseur

Street Address (P.O. Box Number is Not Acceptable): 210 Colonial Lane

City: Longwood FL Zip Code: 32750

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]

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

DATE: 10/01/02

**FEE IS $61.25 Initial or Amended UBR**

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 | PD |
| NAME | Ramseur, Frank |
| STREET ADDRESS | 210 Colonial Lane |
| CITY-ST-ZIP | Longwood, FL 32750 |
| TITLE | VPD |
| NAME | Henley, Carlton |
| STREET ADDRESS | 1627 Orlando Ave. |
| CITY-ST-ZIP | Longwood, FL 32750 |
| TITLE | SD |
| NAME | Bannister, Errol J |
| STREET ADDRESS | 1825 Silver Valley Ct |
| CITY-ST-ZIP | Apopka, FL 32712 |
| TITLE | T |
| NAME | Knight, Thomas E |
| STREET ADDRESS | 749 Little Wekiva Cir |
| CITY-ST-ZIP | Altamonte Springs, FL 32714 |
| TITLE | |
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| TITLE | |
| NAME | 800008885968 |
| STREET ADDRESS | 11/08/02--01038--003 **70.00 |
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/01/02 Daytime Phone #: 407-339-8961