

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90076 021 ****61.25

DOCUMENT # 707271

1. Entity Name

FIRST BAPTIST CHURCH OF BITHLO, INC.

Principal Place of Business

Mailing Address

**18415 11TH AVE
 ORLANDO FL 32833**

**P.O. BOX 660-006
 CHULUOTA FL 32766-0006**

A0042213



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

18415 11th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO FL

4. FEI Number

59-2360334

Applied For

Not Applicable

Zip

Country

Zip

32833

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

**MCPHERSON, KENNETH
 360 E 1ST ST
 CHULUOTA FL 32766**

Name

MCPHERSON, KENNETH

Street Address (P.O. Box Number is Not Acceptable)

552 CHULA WOODS CT

City

CHULUOTA

FL

Zip Code

32766

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 **D** ☐ Delete
 NAME **MCPHERSON, KENNETH R**
 STREET ADDRESS **552 CHULA WOODS CT**
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **P** ☐ Change ☐ Addition
 NAME **MCPHERSON, KENNETH R**
 STREET ADDRESS **552 CHULA WOODS CT**
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **TRD** ☒ Delete
 NAME **FORTNER, PAUL**
 STREET ADDRESS **14309 PARKVIEW CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **T** ☐ Change ☐ Addition
 NAME **SCOTT, MARY**
 STREET ADDRESS **1561 DODD RD**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **STRD** ☐ Delete
 NAME **MCPHERSON, JAMES**
 STREET ADDRESS **351 E FIRST ST**
 CITY-ST-ZIP **CHULUOTA FL**

TITLE **S** ☐ Change ☐ Addition
 NAME **ALDRIDGE, FREIDA**
 STREET ADDRESS **18625 3rd AVE**
 CITY-ST-ZIP **ORLANDO FL 32820**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☐ Addition
 NAME **HUTCHINSON, EUGENE**
 STREET ADDRESS **4350 N. TANNER RD**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Change ☐ Addition
 NAME **MCPHERSON, JAMES**
 STREET ADDRESS **351 E FIRST ST**
 CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Kenneth M. McPherson**

4-12-2000