## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State DOCUMENT # 707271 FIRST BAPTIST CHURCH OF BITHLO, INC. 05-11-2001 90014 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 18415 11TH AVE 18415 11TH AVE ORLANDO FL 32833 ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2360334 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MCPHERSON, KENNETH 552 CHULA WOODS CT. CHULUOTA FL 32766 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D Addition ☐ Delete TITLE Change TITLE MCPHERSON, KENNETH R NAME NAME STREET ADDRESS 552 CHULA WOODS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHULUOTA FL Delete ☐ Addition TITLE Mary Scott MISS FORTNER, PAUL NAME Dodg Bg. NAME STREET ADDRESS 14309 PARKVIEW CT STREET ADDRESS Winter Park Fl. 32792 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL STRD Change ☐ Addition Delete TITLE TITLE SHAN KISS MR. 175 South 5th St. MCPHERSON, JAMES NAME NAME STREET ADDRESS 351 E FIRST ST STREET ADDRESS CITY-ST-7IP F1. 32833 CITY-ST-ZIP CHULUOTA FL ORIANGO Change Addition TITLE ☐ Delete TITLE 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-7IF ☐ Change Addition TITLE TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

TURE: 4-25-0 407SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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