

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707271

1. Entity Name

FIRST BAPTIST CHURCH OF BITHLO, INC.

Principal Place of Business

18415 11TH AVE
ORLANDO FL 32833

Mailing Address

18415 11TH AVE
ORLANDO FL 32833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2360334

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCPHERSON, KENNETH
552 CHULA WOODS CT.
CHULUOTA FL 32766

7. Name and Address of New Registered Agent

Name FRANCIS R. STEVENSON
Street Address (P.O. Box Number is Not Acceptable) 8114 Port Said Street
City ORLANDO
Zip Code FL 32817

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

Francis R. Stevenson Francis R. Stevenson

4-3-02

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, KENNETH R	
STREET ADDRESS	552 CHULA WOODS CT	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, MARY MISS	
STREET ADDRESS	1561 DODD RD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	STRO	<input type="checkbox"/> Delete
NAME	KISS, SHAN MR	
STREET ADDRESS	175 SOUTH 5TH ST	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Stevenson	
STREET ADDRESS	8114 Port Said Street	
CITY-ST-ZIP	ORLANDO, Florida 32817	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTE Jo Kiss	
STREET ADDRESS	175 SOUTH 5th Street	
CITY-ST-ZIP	ORLANDO, Florida 32833	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia Suggs	
STREET ADDRESS	2049 8th Street	
CITY-ST-ZIP	ORLANDO, Florida 32820	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISS, Shandor	
STREET ADDRESS	175 SOUTH 5th ST	
CITY-ST-ZIP	ORLANDO, FL 32833	
TITLE	R	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONNIE SUGGS	
STREET ADDRESS	2049 8th Street	
CITY-ST-ZIP	ORLANDO, FL 32820	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shandor Kiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 407-568-2599

Date

Daytime Phone #

CR2E037 (9/01)

0068563

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90177 033 *****61.25



DO NOT WRITE IN THIS SPACE