

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710194

1. Entity Name

FLORIDA CARIBBEAN BAPTIST CONFERENCE, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90061 025 ****61.25

Principal Place of Business

2320 SLEEPY HILL RD
LAKELAND FL 33810
US

Mailing Address

P O BOX 91865
LAKELAND FL 33804-1865
US

2. Principal Place of Business

1326 WYNGATE DR

3. Mailing Address

Suite, Apt. #, etc.
N/A

City & State

LAKELAND, FL

City & State

Zip

33809

Country

FL

Zip

Country

4. FEI Number

59-1459720

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEVE
1326 WYNGATE DR
LAKELAND FL 33809

7. Name and Address of New Registered Agent

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

[Signature]

2-5-2002

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 PD
NAME SMITH, STEVE
STREET ADDRESS 1326 WYNGATE DR
CITY-ST-ZIP LAKELAND FL 33809
☐ Delete

TITLE D
NAME WINDMILLER, DON
STREET ADDRESS 2211 41ST ST WEST
CITY-ST-ZIP BRADENTON FL 34205
☐ Delete

TITLE V
NAME AMOS, EUGENE
STREET ADDRESS 7500 ALHAMBRA BLVD.
CITY-ST-ZIP MIRAMAR FL
☐ Delete

TITLE TD
NAME FULKS, CHUCK
STREET ADDRESS 5823 26TH STREET W
CITY-ST-ZIP BRADENTON FL
☒ Delete

TITLE D
NAME WILLIAMSON, DARRYL
STREET ADDRESS 6104 WEBB RD., APT. 1704
CITY-ST-ZIP TAMPA FL
☐ Delete

TITLE D
NAME FLOBERG, NEAL
STREET ADDRESS 517 BLUFF DR
CITY-ST-ZIP AUBURNDAL FL 33823
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2002

Date

863-698-0428

Daytime Phone #

CR2E037 (9/01)