

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-20-2000 90026 017 ****61.25

DOCUMENT # 712309

1. Entity Name

FIRST BAPTIST CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

800 N. PINE HILLS RD.
 ORLANDO FL 32808-7231
 US

800 N. PINE HILLS RD.
 ORLANDO FL 32808-7210
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6046379

Applied For

Not Applicable

Zip

Country

Zip

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

**PARRISH, SID
 PARRISH & BAILEY, P.A.
 116 AMERICA STREET
 ORLANDO FL 32801**

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 *Vance Thornton Jesman*

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 | T | <input type="checkbox"/> Delete |
| NAME | THORNTON, VANCE | |
| STREET ADDRESS | 8601 TURKEY OAK LANE | |
| CITY-ST-ZIP | CLAIRMONT FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WOOTEN, RON | |
| STREET ADDRESS | 5533 VALLEY OAK RD | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MACDONALD, SCOTT | |
| STREET ADDRESS | 1060 SPRING LOOP WAY | |
| CITY-ST-ZIP | WINTER GARDEN FL 34787 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | EATON, ART SR. | |
| STREET ADDRESS | 12037 CYPRESS LANE | |
| CITY-ST-ZIP | CLERMONT FL 34711 | |
| 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"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)