

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90038 047 ****61.25

0012036

DOCUMENT # 713266

1. Entity Name

FIRST BAPTIST HOUSING, INC.

Principal Place of Business

**414 EAST PINE STREET
 ORLANDO FL 32801**

Mailing Address

**414 EAST PINE STREET
 ORLANDO FL 32801**

507304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2357101

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

**SANDERS, LARRY T.
 414 E PINE ST
 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

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **KELSEY, ROBERT**
 CITY-ST-ZIP **3730 S. LAKE ORLANDO PKY
 ORLANDO FL**

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

TITLE ☐ Delete
 NAME **ASD**
 STREET ADDRESS **MALLORY, SHIRLEY**
 CITY-ST-ZIP **613 ORIOLE STREET
 ORLANDO FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HENRY, JAMES**
 CITY-ST-ZIP **1457 MONTCALM ST
 ORLANDO, FL 00000**

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

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **LOIS, WENGER**
 CITY-ST-ZIP **4600 TINSLEY DRIVE
 ORLANDO FL**

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

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **DARNOLD, WESLEY**
 CITY-ST-ZIP **3927 WATERFRONT PARKWAY
 ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **DARNOLD, WESLEY**
 CITY-ST-ZIP **3927 WATERFRONT PARKWAY
 ORLANDO FL**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **PETERSON, J. JUDD**
 CITY-ST-ZIP **5025 BUTLER RIDGE DRIVE
 WINDERMERE FL**

TITLE ☐ Change ☒ Addition
 NAME **STD**
 STREET ADDRESS **PETERSON, J. JUDD**
 CITY-ST-ZIP **5025 BUTLER RIDGE DRIVE
 WINDERMERE FL**

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:

Robert Kelsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

407-841-7207

Daytime Phone #

CR2E037 (9/01)