


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 713821**  
 1. Entity Name  
**FIRST BAPTIST CHURCH OF WINDERMERE, INC.**



Principal Place of Business  
**P.O. BOX 769**  
**WINDERMERE, FL 34786**

Mailing Address  
**P.O. BOX 769**  
**WINDERMERE, FL 34786**



04082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1263694**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARRISH, DOUG SR**  
**1126 KELSO BLVD**  
**WINDERMERE, FL 34786**

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSTON, MARK
STREET ADDRESS	1133 MISSION RIDGE CT
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	WARREN, WELDON
STREET ADDRESS	3612 LAKE BUYNAC RD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	D
NAME	CROFOOT, FRANCES J.
STREET ADDRESS	8823 BAY HILL BLVD.
CITY-ST-ZIP	ORLANDO, FL
TITLE	PD
NAME	PARRISH, DOUG SR
STREET ADDRESS	2836 HIGHLAND VIEW CIR
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/18/05-80065-007 61.25

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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: *D-O Parrish*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05  
 Date

Daytime Phone #