

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90295 034 ****61.25

DOCUMENT # 717003

1. Entity Name

THE FIRST BAPTIST CHURCH OF UMATILLA



Principal Place of Business

59 N TROWELL AVE
PO BOX 3
UMATILLA FL 32784

Mailing Address

P.O. BOX 3
UMATILLA FL 32784

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

59-1503925

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

ROBINS, ALENE
19848 E ALTOONA RD.
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name: Brenda Copenhagen
Street Address (P.O. Box Number is Not Acceptable)
1297 SUNSHINE CIRCLE
City Eustis FL Zip Code 32726

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

Brenda Copenhagen

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/13/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	KICKLIGHTER, WILLIAM	
STREET ADDRESS	39063 HWY 44A	
CITY-ST-ZIP	UMATILLA FL 32784	
TITLE	SDT	<input checked="" type="checkbox"/> Delete
NAME	ROBINS, ALENE	
STREET ADDRESS	19848 E ALTOONA RD., P.O. BOX 1247	
CITY-ST-ZIP	UMATILLA FL 32784	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<u>P/D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Jack Schladebach</u>	
STREET ADDRESS	<u>16605 CLEVELAND LN., P.O. BOX 1600</u>	
CITY-ST-ZIP	<u>UMATILLA, FL 32784</u>	
TITLE	<u>S/D</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Brenda Copenhagen</u>	
STREET ADDRESS	<u>1297 SUNSHINE CIR.</u>	
CITY-ST-ZIP	<u>EUSTIS, FL 32726</u>	
TITLE	<u>V/D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Stan-McCall</u>	
STREET ADDRESS	<u>592 CRESCENT ST.</u>	
CITY-ST-ZIP	<u>UMATILLA, FL 32784</u>	
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
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:

Jack Schladebach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-05 352-669-3005
Date Daytime Phone #