

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 717224**

1. Entity Name

**FIRST BAPTIST CHURCH OF LAKE BUENA VISTA, INC.**

Principal Place of Business

11551 COUNTY ROAD 535  
ORLANDO FL 32836-6612  
US

Mailing Address

11551 COUNTY ROAD 535  
ORLANDO FL 32836-6612  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-1311598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ZAY, BILL  
10370 POCKET LANE  
ORLANDO FL 32836****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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZAY, WILLIAM J</b>	
STREET ADDRESS	<b>10370 POCKET LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROFOOT, FRANCES J</b>	
STREET ADDRESS	<b>8823 BAY HILL BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWERY, JAMES L</b>	
STREET ADDRESS	<b>9101 IVY HILL COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
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		<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*

4-26-01

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90119 001 \*\*\*183.75

**71674**

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)