

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

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

**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



04082005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-1311598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WILLIAMSON, MARC  
1411 SAMANTHA STREET  
OCOOE, FL 34761

**DO NOT WRITE  
IN THIS SPACE**

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

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
CROFOOT, FRANCES J  
8823 BAY HILL BLVD.  
ORLANDO, FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WILLIAMSON, MARC  
1411 SAMANTHA STREET  
OCOOE, FL 34761

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPT  
ENGEL, ROBERT L  
11611 VISTA VIEW DRIVE  
ORLANDO, FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000311823  
04/18/05-80062-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #