

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718577

1. Entity Name

APOPKA BAPTIST TEMPLE, INC.

Principal Place of Business

115 N CHRISTINA AVE.
APOPKA FL 32703

Mailing Address

P.O. BOX 2505
APOPKA FL 32704

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LOOMIS, EDWARD W
715 EAST ORANGE STREET
APOPKA FL 32703

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 PD ☐ Delete
NAME RIGGS, RUSSELLE
STREET ADDRESS 115 N. CHRISTINA AVENUE
CITY-ST-ZIP APOPKA FL 32703

TITLE TD ☐ Delete
NAME LOOMIS, EDWARD
STREET ADDRESS 715 E. ORANGE STREET
CITY-ST-ZIP APOPKA FL 32703

TITLE DM ☐ Delete
NAME WILSON, RONALD
STREET ADDRESS 231 PLAZA OVAL DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE SV ☐ Delete
NAME WILSON, TIM
STREET ADDRESS 1893 IROQUIOS ST.
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Edward W. Loomis* Edward W. Loomis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

407-886-3121

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (9/01)