

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 718577

FILED  
Jun 30, 2003  
Secretary of State

Entity Name: APOPKA BAPTIST TEMPLE, INC.

**Current Principal Place of Business:**

115 N CHRISTINA AVE.  
APOPKA, FL 32703

**New Principal Place of Business:**

115 N CHRISTIANA AVE.  
APOPKA, FL 32703

**Current Mailing Address:**

P.O. BOX 2505  
APOPKA, FL 32704

**New Mailing Address:**

115 N. CHRISTIANA AVE.  
APOPKA, FL 32703

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LOOMIS, EDWARD W  
715 EAST ORANGE STREET  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RIGGS, RUSSELLE  
Address: 115 N. CHRISTINA AVENUE  
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete  
Name: LOOMIS, EDWARD  
Address: 715 E. ORANGE STREET  
City-St-Zip: APOPKA, FL 32703

Title: DM ( ) Delete  
Name: WILSON, RONALD  
Address: 231 PLAZA OVAL DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: SV (X) Delete  
Name: WILSON, TIM  
Address: 1893 IROQUIOS ST.  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WILSON, THOMAS  
Address: 240 PINE TREE DR.  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DM (X) Change ( ) Addition  
Name: OWENS, DAVID  
Address: 2375 PARTNERSHIP HILLS DR.  
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W. LOOMIS

TD

06/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date