

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722463

1. Entity Name

FIRST BAPTIST CHURCH OF FRUITLAND PARK, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90089 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address

509 WEST BERCKMAN STREET  
FRUITLAND PARK FL 34731

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FRUITLAND PARK FL 34731-3224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0688958

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, LAWRENCE E - ATTORNEY  
1029 W MAGNOLIA ST  
P. O. BOX 477  
LEESBURG FL 34748

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR ☒ Delete  
NAME INMAN, WESLEY  
STREET ADDRESS 704 MIKE ST  
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE ☒ Change ☐ Addition  
NAME **TR**  
STREET ADDRESS **DICK GLADFELTER**  
CITY-ST-ZIP **6422 BORG. ST.**  
**LEESBURG, FL 34748**

TITLE TR ☐ Delete  
NAME WHITESIDE, LOYAL  
STREET ADDRESS 119 WINTERBERRY  
CITY-ST-ZIP WILDWOOD FL 34731

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

TITLE STR ☐ Delete  
NAME STRONG, SCOTT  
STREET ADDRESS 36404 VIA MARCIA  
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE VTR ☒ Delete  
NAME TAYLOR, CHARLES  
STREET ADDRESS 1720 INDIAN TRAIL  
CITY-ST-ZIP LEESBURG FL 34731

TITLE ☒ Change ☐ Addition  
NAME **TR**  
STREET ADDRESS **ART BARNES**  
CITY-ST-ZIP **6404 TILDON CT.**  
**LEESBURG, FL 34748**

TITLE TR ☐ Delete  
NAME OSBOURNE, BILLY  
STREET ADDRESS 9 CAPTAINS POINT  
CITY-ST-ZIP FRUITLAND PARK FL 34731

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

TITLE CTR ☒ Delete  
NAME HOWARD, MICHAEL  
STREET ADDRESS 308 THOMAS ST  
CITY-ST-ZIP FRUITLAND PK FL 34731

TITLE ☒ Change ☐ Addition  
NAME **CTR**  
STREET ADDRESS **ELBERT HANSARD**  
CITY-ST-ZIP **02021 TOLBY LN.**  
**LEESBURG, FL 34748**

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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-00

Date

Daytime Phone #

CR2E037 (9/99)