

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90746 019 \*\*\*\*61.25

**DOCUMENT # 722463**  
1. Entity Name  
**FIRST BAPTIST CHURCH OF FRUITLAND PARK, INC.**



Principal Place of Business Mailing Address  
**509 WEST BERCKMAN STREET** **509 WEST BERCKMAN STREET**  
**FRUITLAND PARK FL 34731** **FRUITLAND PARK FL 34731**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0688958** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
**TAYLOR, LAWRENCE E - ATTORNEY**  
**1029 W MAGNOLIA ST**  
**P. O. BOX 477**  
**LEESBURG FL 34748**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>TR</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>RONDEAU, PAUL</del>	
STREET ADDRESS	<del>18654 SE 24 PL</del>	
CITY-ST-ZIP	<del>SILVER SPRINGS FL 34488</del>	
TITLE	STR	<input type="checkbox"/> Delete
NAME	KENT, BARRY	
STREET ADDRESS	2290 KNOXWOOD DR - 5142 Magnolia Ridge Rd	
CITY-ST-ZIP	LEESBURG FL 34748 Fruitland Park, FL 34731	
TITLE	<del>TR</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>OSBOURNE, BILLY</del>	
STREET ADDRESS	<del>9 CAPTAINS POINT</del>	
CITY-ST-ZIP	<del>FRUITLAND PARK FL 34731</del>	
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	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry Kent	
STREET ADDRESS	5142 Magnolia Ridge Rd.	Address change
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitch Anderson	
STREET ADDRESS	7477 Sunnyside Dr.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Sumner	
STREET ADDRESS	05345 Twin Palms Rd.	
CITY-ST-ZIP	Fruitland Park, FL 34731	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stewart Perdue	
STREET ADDRESS	9300 CR 128C	
CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Meeks	
STREET ADDRESS	4034 Magnolia Dr.	
CITY-ST-ZIP	Leesburg, FL 34748	
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**

CR2E037 (10/02)