

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

**509 WEST BERCKMAN STREET
FRUITLAND PARK FL 34731**

Mailing Address

**509 WEST BERCKMAN STREET
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

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	RONDEAU, PAUL	
STREET ADDRESS	18654 SE 24 PL	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	STR	<input type="checkbox"/> Delete
NAME	KENT, BARRY	
STREET ADDRESS	2290 KNOXWOOD DR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	OSBOURNE, BILLY	
STREET ADDRESS	9 CAPTAINS POINT	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
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		

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)