

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90335 001 ****61.25

DOCUMENT # 724809

1. Entity Name
WALTER A. ROUTH JR. MISSIONARY ASSN., INC.

Principal Place of Business 200 WEST FIRST ST. SUITE 22 POST OFFICE BOX 1551 SANFORD FL 32772-8551	Mailing Address 200 WEST FIRST ST. SUITE 22 POST OFFICE BOX 1551 SANFORD FL 32772-1551 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 23-7281935	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCINTOSH, KENNETH W. 200 W. 1ST ST., SUITE 22 SUN BANK SANFORD FL	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, KENNETH W	NAME	
STREET ADDRESS	951 POWHATAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, ROBERT K	NAME	
STREET ADDRESS	17 STONE GATE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, PAT	NAME	
STREET ADDRESS	209 DOGWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, T. III	NAME	
STREET ADDRESS	1528 MOCKINGBIRD LANE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, LOIS M.	NAME	
STREET ADDRESS	1606 S. MAGNOLIA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUTH, WALTER A., JR.	NAME	
STREET ADDRESS	C/O 200 W. FIRST ST.	STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	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**

DATE: **4/11/02** DAYTIME PHONE #: **(407) 322-2171**

CR2E037 (9/01)

Attachment
DC# 724809
772600

Title	Name/Address
D	ROUTH, PAULINE c/o 200 WEST FIRST STREET, SUITE 22 SANFORD, FL 32771
SD	JOE DOUTHITT 5534 BEGG'S ROAD ORLANDO, FL 32810
D	JOSEPH W. DUGGAR P. O. BOX 1615 SANFORD, FL 32772-1615
D	EDGEMON, JAMES 103 LOCH ARBOR COURT SANFORD, FL
TD	KNIGHT, CHAS. D. 2541 S. MAGNOLIA AVE. SANFORD, FL