

# 2002 UNIFORM BUSINESS REPORT (UBR)

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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7281935

Applied For

Not Applicable

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

MCINTOSH, KENNETH W.  
200 W. 1ST ST., SUITE 22  
SUN BANK  
SANFORD FL

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	D	<input type="checkbox"/> Delete
NAME	MCINTOSH, KENNETH W	
STREET ADDRESS	951 POWHATAN DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCINTOSH, ROBERT K	
STREET ADDRESS	17 STONE GATE SOUTH	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALDSON, PAT	
STREET ADDRESS	209 DOGWOOD DRIVE	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, T. III	
STREET ADDRESS	1528 MOCKINGBIRD LANE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTCHER, LOIS M.	
STREET ADDRESS	1606 S. MAGNOLIA AVENUE	
CITY-ST-ZIP	SANFORD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROUTH, WALTER A., JR.	
STREET ADDRESS	C/O 200 W. FIRST ST.	
CITY-ST-ZIP	SANFORD FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 relative 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (407) 322-2171  
Date Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

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