

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90298 002 ****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.

City & State

City & State

4. FEI Number **23-7281935**

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

**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. 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	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
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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 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:

Robert K. McIntosh 3/26/03 407 322-2171

CR2E037 (10/02)