

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an  
Secretary of State

02-07-2000 90042 036 \*\*\*\*61.25

DOCUMENT # 730103

1. Entity Name

FIRST CHRISTIAN CHURCH OF LONGWOOD, INC.

Principal Place of Business

Mailing Address

1400 E E WILLIAMSON ROAD  
LONGWOOD FL 32750

1400 E E WILLIAMSON ROAD  
LONGWOOD FL 32750-7132

C0017665

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2115064

Applied  
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

WALTON, JAMES H.  
1414 MINK DR.  
APOPKA FL 32703

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 SD  
NAME BAIRD, LUCAS  
STREET ADDRESS 367 E TULLIS  
CITY-ST-ZIP LONGWOOD FL ☒ Delete

TITLE VD  
NAME WALTON, JAMES  
STREET ADDRESS 1414 WINK DRIVE  
CITY-ST-ZIP APOPKA FL ☐ Delete

TITLE CD  
NAME HARRIS, BUDDY  
STREET ADDRESS 1400 E.E. WILLIAMSON RD  
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE D  
NAME EDWARDS, LARRY  
STREET ADDRESS 131 TARRYTOWN TRAIL  
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE D  
NAME MAHAFFEY, MICKEY  
STREET ADDRESS 217 MAIN RD  
CITY-ST-ZIP LAKE MARY FL ☐ Delete

TITLE TD  
NAME OWEN, DAVID  
STREET ADDRESS 213 TEMPLE AVE  
CITY-ST-ZIP FERN PARK FL ☒ Delete

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE ☐ Change ☐

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

1-23-00 407-884-4444