

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90063 009 \*\*\*\*61.25

**DOCUMENT # 732629**

1. Entity Name

**TRUSTEE CORPORATION OF THE FIRST BAPTIST CHURCH,  
INTERLACHEN, FLORIDA**

Principal Place of Business

Mailing Address

111 N HWY 315  
INTERLACHEN FL 32148

PO BOX 108  
INTERLACHEN FL 32148

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1351894**

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

**MCCALLISTER, JAMES  
106 SUSAN RD  
HAWTHORNE FL 32640**

Name

**Norman E. Reynolds**

Street Address (P.O. Box Number is Not Acceptable)

**115 Kitty Lane**

City

**Interlachen**

**FL**

Zip Code

**32148**

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

**Norman E. Reynolds, Chairman of Trustees**

**01/08/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	DT ENSOR, GAIL G 118 MILLER SQ INTERLACHEN FL 32148	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT MCCALLISTER, JAMES 106 SUSAN RD HAWTHORNE FL 32640	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, NORMAN PO BOX 1138 INTERLACHEN FL 32148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, ROBERT 139 CINNAMON DR INTERLACHEN FL 32148	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Richard Glover 105 Short St. Interlachen, FL 32148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kathy Matchett 724 Lakeshore Terrace Interlachen, FL 32148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT Norman E. Reynolds 115 Kitty Lane Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Robert Bishop 139 Cinnamon Dr. Interlachen, FL 32148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT David Wisman 107 Osteen Rd. Hollister, FL 32147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Norman E. Reynolds, Chairman of  
Trustees**

**01/08/02**

**(386) 684-4573**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)