

DOCUMENT # 739297

1. Entity Name

THE FIRST BAPTIST CHURCH OF PORT ORANGE,  
FLORIDA



**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E037 (10/05)

Principal Place of Business

316 CHURCH ST.  
PORT ORANGE FL 32127-4404  
US

Mailing Address

316 CHURCH ST.  
PORT ORANGE FL 32127-4404  
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

59-6045468

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

WIENKE, CHARLES  
4102 KOKOMO DRIVE  
DATONA BEACH FL 32127

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 reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
FOWLER, CHARLES E  
314 SLAYTON AVENUE  
SOUTH DAYTONA FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VT  
SCHOONOVER, KENNETH  
131 SAND PEBBLE CIR  
PORT ORANGE FL 32129 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PT  
WIENKE, CHARLES  
4102 KOKOMO DR  
PORT ORANGE FL 32127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

TITLE  
NAME  
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U000000395770 ☐ Change ☐ Add  
01/27/06-80005-025 61.25

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Charles T. Wienke* CHARLES T. WIENKE 01/18/06 (386) 322-8487