

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91606 041 \*\*\*\*61.25

**DOCUMENT # 739360**

1. Entity Name

**THE CONSERVATIVE BAPTIST ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

1208 110TH ST EAST  
 BRADENTON FL 34202-9346  
 US

Mailing Address

1208 110TH ST EAST  
 BRADENTON FL 34202-9346  
 US

2. Principal Place of Business

**1990 Neptune Rd**

Suite, Apt. #, etc.

3. Mailing Address

**1990 Neptune Rd**

Suite, Apt. #, etc.

City & State

**Kissimmee, FL 34744-4940**

Zip

**34744-4940**

Country

**Osceola**

City & State

**Kissimmee, FL 34744-4940**

Zip

**34744-4940**

Country

**Osceola**

4. FEI Number

**59-1856300**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIER, WILLIAM M**  
**1208 110TH ST E**  
**BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name **Chad Woodburn**

Street Address (P.O. Box Number is Not Acceptable)  
**1990 Neptune Rd**

City **Kissimmee**

**FL**

Zip Code **34744-4940**

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.

**Chad Woodburn, Director**

SIGNATURE

*Chad Woodburn*

*4-12-02*

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REYES, OMAR	
STREET ADDRESS	4743 MESA VEROE DR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, LEONARD	
STREET ADDRESS	6082 BRIARCLIFF ROAD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIER, WILLIAM	
STREET ADDRESS	1208 110TH SR E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, ARTHUR	
STREET ADDRESS	605 APOLLO BCH BLVD.	
CITY-ST-ZIP	APOLLO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodburn, Chad	
STREET ADDRESS	1990 Neptune Rd	
CITY-ST-ZIP	Kissimmee, FL 34744-4940	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Leonard	
STREET ADDRESS	6082 Briarcliff Road	
CITY-ST-ZIP	Fort Myers, FL 33912-4201	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seabrook, David	
STREET ADDRESS	1551 W. Camino Real	
CITY-ST-ZIP	Boca Raton, FL 33486-8454	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, George	
STREET ADDRESS	1071 Mohawk Rd	
CITY-ST-ZIP	Venice, FL 43293-5353	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gorton, Dennis	
STREET ADDRESS	1501 W. Mineral Ave	
CITY-ST-ZIP	Littleton, CO 80120-5612	
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: X** *Dennis Gorton, Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/02*

*720-283-3030*

Date

Daytime Phone #

CR2E037 (9/01)