

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90047 002 ****61.25

DOCUMENT # 771092

1. Entity Name

FIRST FREE WILL BAPTIST CHURCH OF AUBURDALE, FL

Principal Place of Business

114 E DERBY AVE
 AUBURDALE FL 33823
 US

Mailing Address

LE. FLORIDA, INC.
 107 ROSE ST
 AUBURDALE FL 33823-3541
 US

80013149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2514301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEITMAN, LESTER
107 ROSE ST
AUBURDALE FL 33823

7. Name and Address of New Registered Agent

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 LESTER WEITMAN (CHAIRMAN)

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	D	<input type="checkbox"/> Delete
NAME	LYNN, SANFORD H	
STREET ADDRESS	113 CLAYTON ROAD	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL, MAXWELL	
STREET ADDRESS	106 PIKE STREET	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEITMAN, MICHAEL	<i>Reggy L. Harts</i>
STREET ADDRESS	3110 AVENUE NW	<i>106 Massasoit</i>
CITY-ST-ZIP	WINTER HAVEN FL	<i>Auburndale, Fl.</i>
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LYNN, SHARON J	
STREET ADDRESS	113 CLAYTON ROAD	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, W.F.	
STREET ADDRESS	811 MELTON AVENUE	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEITMAN, LESTER	
STREET ADDRESS	107 ROSE ST.	
CITY-ST-ZIP	AUBURDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Peggy L. Hutto</i>	
STREET ADDRESS	<i>106 Massasoit</i>	
CITY-ST-ZIP	<i>33823 Auburndale, Fl. (Clerk)</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Vivian Cullifon</i>	
STREET ADDRESS	<i>P.O. Box 1671</i>	
CITY-ST-ZIP	<i>Auburndale, FL 33823 TADASH</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DECEASED</i>	
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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

967-1275

Daytime Phone #