

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90012 025 \*\*\*\*61.25

**DOCUMENT # 771092**

1. Entity Name

**FIRST FREE WILL BAPTIST CHURCH OF AUBURNDALE, FL  
 ORIDA, INC.**

Principal Place of Business

Mailing Address

**1142 DERBY AVE  
 AUBURNDALE FL 33823**

**LE. FLORIDA, INC.  
 107 ROSE ST  
 AUBURNDALE FL 33823  
 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

**59-2514301**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEITMAN, LESTER  
 107 ROSE ST  
 AUBURNDALE FL 33823**

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 of Board*

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	D	<input checked="" type="checkbox"/> Delete
NAME	LYNN SANFORD H	
STREET ADDRESS	113 CLAYTON ROAD	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAUL MAXWELL	
STREET ADDRESS	106 PIKE STREET	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	HUTTO PEGGY R	
STREET ADDRESS	106 MASSASAT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	ATCULLIFER, VIVIAN	<input type="checkbox"/> Delete
NAME	CULLIEON, VIVIAN	
STREET ADDRESS	PO BOX 1671	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEITMAN, LESTER	
STREET ADDRESS	107 ROSE ST.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRICKLAND, BUSTER	
STREET ADDRESS	138 MARJORIE AVENUE	
CITY-ST-ZIP	AUBURNDALE FL 33823	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Hutto	
STREET ADDRESS	106 MASSASAT	
CITY-ST-ZIP	Auburndale, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	melanie Weitman	
STREET ADDRESS	3110 Avenue T, NW	
CITY-ST-ZIP	Winter, Haven.	
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 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:

*Lester Weitman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 7. 02-863-9622

Date

Daytime Phone #

CR2E037 (9/01)