2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007302

1. Entity Name

FIRST KISSIMMEE FREEWILL BAPTIST CHURCH, INC.



FILED Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90364 014 ****70.00

							/					
Principal Pl	lace of Busines	3	Maili	ing Address		<u> </u>						
				80 HOME ST. Kissimmee FL 34744								
2. Principa	l Place of Busin	ess	3. Ma	ailing Address								
Suite, Apt. #, etc.				Sulte, Apt. #, etc.				B1 51 B1 1 B B1 5 B B1 B1	4 M F F F F F F F F F F F F F F F F F F		10110 1181 1891	
				Suite, Apr. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
			C	City & State			4. FEI Number 59-3754656 Applied For Not Applicable					
Zip Country						untry	5. Certificate of Status Desired \$8.75 Addition Fee Required			ditional	-	
	6. Name	and Address of Current	Register	ed Agent			7. Name and Add	ress of New Regis				\dashv
RITTI ER	, Grover					Name			-			7
5025 COUNTRYSIDE CT. ST. CLOUD FL 34771				Street Address			(P.O. Box Number is N	lot Acceptable)				1
						City			FL Z	ip Cod	de e	\dashv
8. The above	e named entity ations of registe	submits this statement for	r the purp	pose of changing its	registere	ed office or registe	ered agent, or both, in t	he State of Florida.	l am familia	ar with	and accept	4
SIGNATURE	3	red agent.									and doopt	
	Signature, typed o	r printed name of registered agent a	and little if app	olicable. (NOTE	: Registered	d Agent signature require	d when reinstating)		DATE			
												-
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State					
10. OFFICERS AND DIRECTORS					11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIDGOT	252.11		1
TITLE NAME	D		-	☐ Delete	TITLE		ADDITIONS/CHANGE	3 TO OFFICERS AF		DHS IN	I 10 ☐ Addition	ءَ ا
name Street address	BUTLER, GI				NAME					nango		(10/02
CITY-ST-ZIP	5 5025 COUNTRYSIDE CT. ST. CLOUD FL 34771					T ADDRESS ST-ZIP						F037 /
TITLE	DT			☐ Delete	TITLE					hange	<u></u>	2
NAME	MERRITT, G				NAME					nange	Addition	"
STREET ADDRESS CITY-ST-ZIP	ORLANDO F	O WOODS CIR.		- -		T ADDRESS						-
FITLE	D	L 32024				ST-ZIP	-					1
NAME	BARBER, RI	CK		☐ Delete	TITLE NAME				☐ CI	hange	☐ Addition	
STREET ADDRESS	110 S. BASS	S RD.				T ADDRESS						
CITY-ST-ZIP	KISSIMMEE	FL 34746			CITY-	ST-ZIP						
itle Iame	MILED LON	ACC) ANI		☐ Delete	TITLE			-	☐ Cr	nange	Addition	
TREET ADDRESS	MILLER, LOV 1405 N. LYN				NAME							
CITY-ST-ZIP	KISSIMMEE				CITY-S	TADDRESS						l
ITLE				☐ Delete	TITLE			 				ĺ
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TREET ADDRESS					STREET	ADDRESS						ļ
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TLE AME				Delete	TITLE		·		☐ Ch	ange	Addition	
TREET ADDRESS				I	NAME STREET	ADDRESS					}	
TY-ST-ZIP					CITY-S	I						
						- 1						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AGrover Butler

1-4-03

407-957-2754