

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90172 022 ****61.25

DOCUMENT # N32143

1. Entity Name

**FIRST CHURCH OF THE BRETHREN OF WINTER PARK, INC
 ORPORATED**

Principal Place of Business

Mailing Address

**1721 HARMON AVENUE
 WINTER PARK FL 32789**

**1721 HARMON AVENUE
 WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6198670

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PETERSON, EARL
 1418 DRUID ISLE RD
 MAITLAND FL 32751**

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

Earl Peterson

1-27-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALEXANDER, HELEN**
 CITY-ST-ZIP **900 HYDE PARK CR
 WINTER GARDEN FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PETERSON, EARL**
 CITY-ST-ZIP **1418 DRUID ISLE RD
 MAITLAND FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GIBBS, ANN**
 CITY-ST-ZIP **14332 ST. RD 545
 WINTER GARDEN FL 34787**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BRADT, JUDY**
 CITY-ST-ZIP **812 LITTLE WEKIWAW DR
 ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **BILL KOCH**
 CITY-ST-ZIP **5682 ROYAL PINE BLVD.
 ORLANDO, FL 32807**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MILLER, MARY A**
 CITY-ST-ZIP **4640 CHATEAU RD
 ORLANDO FL 32808**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MILLER, GLENN**
 CITY-ST-ZIP **850 MAURY RD #60
 ORLANDO FL 32804**

TITLE ☐ Change ☐ 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:

ANNIE M. GIBBS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02

CR2E037 (9/01)