

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90371 013 ****61.25

0012877

DOCUMENT # N32143

1. Entity Name

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



Principal Place of Business

**1721 HARMON AVENUE
WINTER PARK FL 32789**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-6198670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Bobbie Driskill**

Street Address (P.O. Box Number is Not Acceptable)
113 Parsons Rd

City **Longwood**

FL

Zip Code
32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Bobbie Driskill** *Bobbie R Driskill*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Bobbie Driskill**
STREET ADDRESS **113 PARSONS RD.**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 **X BOBBIE DRISKILL** *Bobbie R Driskill* **3-17-03**

CR2E037 (10/02)