

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46494

1. Entity Name

FIRST BAPTIST CHURCH OF WEST CORAL SPRINGS, INC.

Principal Place of Business

1901 CORAL RIDGE DR
CORAL SPRINGS FL 33071

Mailing Address

1901 CORAL RIDGE DR
CORAL SPRINGS FL 33071-7801

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

65-0299652

Applied For

Not Applicable

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

WHITLATCH, JAMES DR
1901 CORAL RIDGE DR
CORAL SPRINGS FL 33071

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

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 PD ☐ Delete
NAME STRADER, DOUGLAS J
STREET ADDRESS 992 NW 83 DRIVE
CITY-ST-ZIP CORAL SPRING FL 33071

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

TITLE VD ☐ Delete
NAME WHITLATCH, JAMES DR.
STREET ADDRESS 3790 NW 19 STREET
CITY-ST-ZIP COCONUT CREEK FL 33066

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

TITLE ST ☐ Delete
NAME HOHN, WILLIAM
STREET ADDRESS 9408 NW 38 STREET
CITY-ST-ZIP CORAL SPRING FL 33065

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

TITLE T ☐ Delete
NAME MACHADO, JOHN M.
STREET ADDRESS 2725 SW 180 AVENUE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE T ☒ Change ☐ Addition
NAME MACHADO, JOHN M.
STREET ADDRESS 607 LAKEVIEW DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE T ☐ Delete
NAME LAMB, ROBERT
STREET ADDRESS 12151 NW 35 STREET
CITY-ST-ZIP SUNRISE FL 33323

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

TITLE T ☐ Delete
NAME FUNK, BARRY
STREET ADDRESS 7602 SUNFLOWER DRIVE
CITY-ST-ZIP MARGATE FL 33063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90096 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)