

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

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

05-01-2003 90175 006 \*\*\*\*61.25

**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**

**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**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SAUNDERS, DOUGLAS A**  
**1013 NE 82ND TERR.**  
**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. I am familiar with, and accept the obligations of registered agent.**

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Delete  
NAME **SAUNDERS, DOUGLAS A**  
STREET ADDRESS **1013 NW 82ND TER.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ Delete  
NAME **SIEGEL, JAMES J**  
STREET ADDRESS **9150 W. ATLANTIC BLVD. APT. 1717**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE ☐ 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 ☐ Delete  
NAME **RAMOS, LUIS**  
STREET ADDRESS **6600 NW 20 STREET**  
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE ☐ 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 ☐ 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]*

4-25-03 854-745-6173

CR2E037 (10/02)