

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0066392

DOCUMENT # N93000005812

1. Entity Name

FIRST BAPTIST CHURCH OF EUSTIS, INC.

04-09-2002 90009 002 ****61.25

Principal Place of Business Mailing Address

3551 E ORANGE AVE
 EUSTIS FL 32726
 US

P.O. BOX 129
 EUSTIS FL 32726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HOLMAN, RON 32818 WINDY OAK STREET SORRENTO FL 32776				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				15728 Acorn Circle			
				City		State	
Tavares		FL		32778			

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]* DATE: *3-13-02*

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. <input type="checkbox"/>	\$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	DV	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BISHOP, STEVE			NAME	Daniel Bogeajis		
STREET ADDRESS	38253 CR 439			STREET ADDRESS	15728 Acorn Circle		
CITY-ST-ZIP	EUSTIS FL 32736			CITY-ST-ZIP	Tavares, FL 32778		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAZNER, JACK			NAME	Gregory Godwin		
STREET ADDRESS	339 RIVERGLASS CT.			STREET ADDRESS	220 Stanley Bell Dr.		
CITY-ST-ZIP	LEESBURG FL 34788			CITY-ST-ZIP	Mount Dora, FL 32757		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WARNER, RICHARD			NAME	John Jolliff		
STREET ADDRESS	19310 PARK PLACE BLVD			STREET ADDRESS	PO Box 1081		
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP	Sorrento, FL 32776		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WORRELL, SCOTT			NAME	Michelle Maddy		
STREET ADDRESS	1838 LAKE TERRACE DRIVE			STREET ADDRESS	16130 Lake Saunders Dr.		
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP	Tavares, FL 32778		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRUMPTON, JOE			NAME	Jack Wilson		
STREET ADDRESS	226 WOODLAND DR.			STREET ADDRESS	PO Box 772		
CITY-ST-ZIP	EUSTIS FL 32726			CITY-ST-ZIP	Eustis, FL 32727-0772		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOLMAN, RON			NAME	Brian Welke		
STREET ADDRESS	32818 WINDY OAK ST.			STREET ADDRESS	1821 Morris St.		
CITY-ST-ZIP	SORRENTO FL 32776			CITY-ST-ZIP	Eustis, FL 32726		

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]* **SIGNATURE REQUIRED** *3-13-02 352 735009*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)