

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


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90356 026 \*\*\*\*61.25

1003

**DOCUMENT # N93000005812**

1. Entity Name  
**FIRST BAPTIST CHURCH OF EUSTIS, INC.**



Principal Place of Business  
**3551 E ORANGE AVE  
EUSTIS FL 32726  
US**

Mailing Address  
**P.O. BOX 129  
EUSTIS FL 32726**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**BOGEAJIS, DANIEL  
15728 ACORN CIRCLE  
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **Joseph Crumpton**

Street Address (P.O. Box Number is Not Acceptable)  
**226 Woodland Dr.**

City **Eustis** FL Zip Code **32736**

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 *Joseph Crumpton* DATE **3/28/03**

(NOTE: Registered Agent signature required when reinstating)

**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	DP	<input checked="" type="checkbox"/> Delete
NAME	BOGEAJIS, DANIEL	
STREET ADDRESS	15728 ACORN CIRCLE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GODWIN, GREGORY	
STREET ADDRESS	220 STANLEY BELL DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOLLIFF, JOHN	
STREET ADDRESS	P O BOX 1081	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDY, MICHELLE	
STREET ADDRESS	16130 LAKE SAUNDERS DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JACK	
STREET ADDRESS	P O BOX 772	
CITY-ST-ZIP	EUSTIS FL 32727-0772	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELKE, BRIAN	
STREET ADDRESS	1821 MORRIS STREET	
CITY-ST-ZIP	EUSTIS FL 32726	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Crumpton	
STREET ADDRESS	226 Woodland Dr.	
CITY-ST-ZIP	Eustis, FL 32736	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nick Hanna	
STREET ADDRESS	PO Box 1422	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Germeroth	
STREET ADDRESS	2039 Overview Lane	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel Caddell	
STREET ADDRESS	PO Box 677	
CITY-ST-ZIP	TAVARES, FL 32778	

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: *Joseph Crumpton* resident DATE: **3/28/03**

CR2E037 (10/02)