

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-15-2000 90207 033 ****70.00

DOCUMENT # N94000001690

1. Entity Name

FIRST BAPTIST CHURCH OF MONTVERDE, INC.

Principal Place of Business

Mailing Address

17409 8TH STREET
 P O BOX 560134
 MONTVERDE FL 34756
 US

FIRST BAPTIST CHURCH
 P O BOX 560134
 MONTVERDE FL 34756-0134
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3241149

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANDERSON, ROBERT H
 17718 9TH STREET
 MONTVERDE FL 34756-0407

Delete

Name **GONZALES, JOSE H.**

Street Address (P.O. Box Number is Not Acceptable)
17404 THIRD STREET

City **MONTVERDE**

FL

Zip Code **34756**

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 Jose H. Gonzales

Signature, typed or printed name of registered agent and title if applicable

Jose H. Gonzales

(NOTE: Registered Agent signature required when reinstating)

26 April 2000

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	T	<input type="checkbox"/> Delete
NAME	GONZALES, JOSE	
STREET ADDRESS	17404 THIRD STREET	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FLYN, VIOLA	
STREET ADDRESS	16820 HIGHLAND W	
CITY-ST-ZIP	MONTVERDE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, ROBERT H	
STREET ADDRESS	17718 9TH STREET	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALES, JOSE	
STREET ADDRESS	17404 THIRD STREET	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wesley H. Harris	
STREET ADDRESS	511 Garrison Blvd.	
CITY-ST-ZIP	Lady Lake, FL 32159	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRWIN E. LANE	
STREET ADDRESS	16525 Lowry Road	
CITY-ST-ZIP	MONTVERDE, FL 34756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

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: Jose H. Gonzales 2 April 2000 407-469-2182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #