

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 036 ****61.25

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
 US

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

59-3241149

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALES, JOSE H
17404 THIRD ST
MONTVERDE FL 34756

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: FEES \$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		<input type="checkbox"/> Delete
NAME	GONZALES, JOSE	
STREET ADDRESS	17404 THIRD STREET	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	HARRIS, WESLEY H	
STREET ADDRESS	511 TARRSON BLVD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME	LANE, IRWIN E	
STREET ADDRESS	16525 LOWRY RD	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODFIN, MONTE E.	
STREET ADDRESS	3601 3725 DOUNE WAY	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN D. SMITH	
STREET ADDRESS	3647 HAWKSHEAD DR	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENT WILSON	
STREET ADDRESS	9934 SPRING LAKE DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
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		

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 *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Jan 2002 407-469-2182

Date

Daytime Phone #

CR2E037 (9/01)