

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90082 002 ****61.25

DOCUMENT # N94000001690



1. Entity Name
FIRST BAPTIST CHURCH OF MONTVERDE, INC.

Principal Place of Business

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

Mailing Address

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

04082006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3241149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, KENT
9934 SPRINGLAKE DRIVE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25
Due by May 1, 2006

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 NAME ☐ Delete
NAME **TEMPNER, WILLIAM**
STREET ADDRESS **13106 SHORE DRIVE**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE NAME ☐ Delete
NAME **LANE, IRWIN E**
STREET ADDRESS **16525 LOWRY RD**
CITY-ST-ZIP **MONTVERDE, FL 34756**

TITLE NAME ☒ Delete
NAME **WOODFIN, MONTE E**
STREET ADDRESS **3725 DOUNE WAY**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE NAME ☒ Delete
NAME **SMITH, SUSAN D**
STREET ADDRESS **3647 HAWKSHEAD DR.**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE NAME ☐ Delete
NAME **WILSON, KENT**
STREET ADDRESS **9934 SPRINGLAKE DR.**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
NAME **Correct: Tempner**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☒ Change ☐ Addition
NAME **T-Treasurer**
STREET ADDRESS **Bright, Sidney**
CITY-ST-ZIP **16431 Magnolia Bluff**
Montverde, FL 34756

TITLE NAME ☒ Change ☐ Addition
NAME **T-Secretary**
STREET ADDRESS **Pearce, Helen**
CITY-ST-ZIP **P.O. 560656**
Montverde, FL 34756

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent Wilson

4-9-06

Date

407-469-4561

Daytime Phone #