

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

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

01-21-2003 90145 043 \*\*\*\*61.25

**DOCUMENT # N94000001690**

1. Entity Name

**FIRST BAPTIST CHURCH OF MONTVERDE, INC.**



**60009207**



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>17409 8TH STREET P O BOX 560134 MONTVERDE FL 34756 US</b>	Mailing Address <b>FIRST BAPTIST CHURCH P O BOX 560134 MONTVERDE FL 34756 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3241149</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>GONZALES, JOSE H 17404 THIRD ST MONTVERDE FL 34756</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
T NAME: <b>GONZALES, JOSE</b> STREET ADDRESS: <b>17404 THIRD STREET</b> CITY-ST-ZIP: <b>MONTVERDE FL 34756</b>	<input type="checkbox"/> Delete
T NAME: <b>LANE, IRWIN E</b> STREET ADDRESS: <b>16525 LOWRY RD</b> CITY-ST-ZIP: <b>MONTVERDE FL 34756</b>	<input type="checkbox"/> Delete
T NAME: <b>WOODFIN, MONTE E</b> STREET ADDRESS: <b>3725 DOUNE WAY</b> CITY-ST-ZIP: <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
T NAME: <b>SMITH, SUSAN D</b> STREET ADDRESS: <b>3647 HAWKSHEAD DR.</b> CITY-ST-ZIP: <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
T NAME: <b>WILSON, KENT</b> STREET ADDRESS: <b>9934 SPRINGLAKE DR.</b> CITY-ST-ZIP: <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete
T NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MONTE E WOODFIN (TREASURER) 1/17/03 407+469-4569

CR2E037 (10/02)