

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006928

1. Entity Name

FIRST BAPTIST CHURCH OF WINDERMERE FOUNDATION, I

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90042 024 ****61.25

Principal Place of Business

Mailing Address

300 MAIN STREET
WINDERMERE FL 34786

300 MAIN STREET
WINDERMERE FL 34786-8646

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

59-1263694

Applied For

Not Applicable

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

MATHESON, MARK E
300 MAIN STREET
WINDERMERE FL 34786

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:
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 **D** ☒ Delete
NAME **ANGSTROM, GREG**
STREET ADDRESS **8240 BANYAN BLVD**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **Interim President / Director** ☒ Change ☐ Addition
NAME **Doug Parrish, SR**
STREET ADDRESS **1126 Kelso Blvd.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete
NAME **MATHESON, DR. MARK E**
STREET ADDRESS **3339 WAX BERRY COURT**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **Interim Secretary / Director** ☐ Change ☒ Addition
NAME **Kathryn Poston**
STREET ADDRESS **12729 Butler Bay Ct.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **D** ☐ Delete
NAME **PARRISH, DOUG SR**
STREET ADDRESS **1126 KELSO BLVD**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **Director** ☐ Change ☒ Addition
NAME **Kathy Davis**
STREET ADDRESS **8713 South Bay Drive**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **John Rodgers**
STREET ADDRESS **3735 Lake Buynak Rd.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Steve Marcereau**
STREET ADDRESS **5713 Argosy Ct.**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4-26-00