

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006928

1. Entity Name

FIRST BAPTIST CHURCH OF WINDERMERE FOUNDATION, I

Principal Place of Business

300 MAIN STREET  
WINDERMERE FL 34786

Mailing Address

300 MAIN STREET  
WINDERMERE FL 34786

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

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

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

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

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

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

TITLE SD  
NAME POSTON, KATHEYN  
STREET ADDRESS 12729 BRODLER BAY CT.  
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete

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

TITLE D  
NAME DAVIS, KATHY  
STREET ADDRESS 8713 SOUTH BAY DR  
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete *Katherine J. Davis*

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

TITLE D  
NAME RODGERS, JOHN  
STREET ADDRESS 3735 LAKE BAYNAK RD  
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete *John Rodgers*

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

*Signature of Mark E Matheson*

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90119 001 \*\*\*183.75

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)