

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90061 014 ****61.25

DOCUMENT # N97000006928	
1. Entity Name FIRST BAPTIST CHURCH OF WINDERMERE FOUNDATION, INC.	
Principal Place of Business 300 MAIN STREET WINDERMERE, FL 34786	Mailing Address 300 MAIN STREET WINDERMERE, FL 34786



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1263694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATHESON, MARK E
300 MAIN STREET
WINDERMERE, FL 34786

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, DOUG SR 1126 KELSO BLVD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHESON, DR. MARK E 3339 WAX BERRY COURT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POSTON, KATHEYN 12729 BRODLER BAY CT. WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KATHY 8713 SOUTH BAY DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODGERS, JOHN 3735 LAKE BAYNAK RD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Mark S. Matheson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2004
Date

407-876-2234
Daytime Phone #