

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001690

**Entity Name:** FIRST BAPTIST CHURCH OF MONTVERDE, INC.

**Current Principal Place of Business:**

17409 8TH STREET  
MONTVERDE, FL 34756

**Current Mailing Address:**

FIRST BAPTIST CHURCH  
P O BOX 560134  
MONTVERDE, FL 34756 US

**FEI Number:** 59-3241149

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WINNINGHAM, JONATHAN  
1050 GLENHARBOR CIRCLE  
WINTER GARDEN, FL 34787 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER, TRUSTEE, DEACON  
Name           BRIGHT, SIDNEY  
Address        16431 MAGNOLIA BLUFF  
City-State-Zip: MONTVERDE FL 34756

Title           TRUSTEE  
Name           PIERCE, DAVID  
Address        15227 THOROUGHbred LANE  
City-State-Zip: MONTVERDE FL 34756

Title           TRUSTEE  
Name           BRADLEY, KENT  
Address        15212 THOROUGHbred LANE  
City-State-Zip: MONTVERDE FL 34756

Title           PASTOR  
Name           WINNINGHAM, JONATHAN  
Address        1050 GLENHARBOR CIRCLE  
City-State-Zip: WINTER GARDEN FL 34787

Title           DEACON  
Name           MICHAEL, HAMM  
Address        16627 PINE TIMBER AVENUE  
City-State-Zip: MONTVERDE FL 34756

Title           CORRESPONDING SECRETARY  
Name           JEAN, PERKINS  
Address        17620 DORIS STREET  
City-State-Zip: MONTVERDE FL 34756

Title           DEACON  
Name           BRIGHT, TYLER  
Address        1050 SAILING BAY DRIVE  
City-State-Zip: CLERMONT FL 34711

Title           DEACON  
Name           SEIDENSTRICKER, MARK  
Address        15815 PADDOCK DRIVE  
City-State-Zip: MINNEOLA FL

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SIDNEY L. BRIGHT

**TREASURER**

**02/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DEACON  
Name BROWN, LANCE  
Address 14806 ALGARDI STREET  
City-State-Zip: MONTVERDE FL 34756

Title DEACON  
Name MONTGOMERY, BRAD  
Address 21207 CANOE PASS STREET  
City-State-Zip: MINNEOLA FL 34715