

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702263

1. Entity Name

CHAPEL HILL BAPTIST CHURCH INCORPORATED

Principal Place of Business

Mailing Address

8826 TREVARTHON ROAD
ORLANDO FL 32817

8826 TREVARTHON ROAD
ORLANDO FL 32817-4021

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

59-2998095

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

VICKERS, TED
8202 ALVERON AVE.
ORLANDO FL 32817

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
NAME JACKSON, CLYDE W. J
STREET ADDRESS 3739 ROUSE RD.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME Jackson, Clyde W. Jr.
STREET ADDRESS 3739 Rouse Rd
CITY-ST-ZIP Orlando FL. 32817

TITLE T
NAME MCCULLOUGH, HOWARD K
STREET ADDRESS 4205 WATER MILL AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME McCullough, Howard K
STREET ADDRESS 4205 Water Mill Avenue
CITY-ST-ZIP Orlando, FL. 32817

TITLE PD
NAME JOHNSON, BEN
STREET ADDRESS 1023 BRADFORD DR
CITY-ST-ZIP WINTER PARK FL 32792

TITLE DP
NAME Belhumeur, Henry R.
STREET ADDRESS 33 Caswell Dr.
CITY-ST-ZIP Orlando, FL. 32825

TITLE C
NAME LLOYD, SIDNEY E.
STREET ADDRESS 2433 HARRELL RD.
CITY-ST-ZIP ORLANDO, FL.

TITLE DC
NAME Lloyd, Sidney E.
STREET ADDRESS 2433 Harrell Rd
CITY-ST-ZIP Orlando FL 32817

TITLE D
NAME VICKERS, TED
STREET ADDRESS 8202 ALVERON AVE
CITY-ST-ZIP ORLANDO FL 32817

TITLE DT
NAME Vickers, Ted
STREET ADDRESS 8202 Alveron Ave
CITY-ST-ZIP Orlando, FL. 32817

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME McLean, James F.
STREET ADDRESS 4829 Berrywood Dr.
CITY-ST-ZIP Orlando, FL. 32812

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: *Ted Vickers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2000

Date

407-671-7868

Daytime Phone #

CR2E037 (9/99)