

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90122 034 ****61.25

DOCUMENT # 705543

1. Entity Name

WEST ORANGE PARK COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

9929 CLARCONA-OCOEE RD
APOPKA FL 32703
US

9929 CLARCONA-OCOEE RD
APOPKA FL 32703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2878590

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MASHBURN, ERIC S.
102 EAST MAPLE STREET
WINTER GARDEN FL 32787

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, SHIRLEY R 6410 SUMMIT DR ORLANDO FL 32810 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICE, WILLIAM R 6410 SUMMIT DR ORLANDO FL 32810 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, ORANCE INGRAM RD. OCOEE, FL <i>Deceased</i> ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, HAZEL 1304 MONA CT OCOEE FL 34761 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIRLEY F. LLOYD 10058 INGRAM AVE. APOPKA FL 32703 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hazel Bass
Noyel Bass

Date

1-16-01

Daytime Phone #

407-656-5436

CR2037 (10/00)