

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90139 009 ****61.25

DOCUMENT # 705543

1. Entity Name

WEST ORANGE PARK COMMUNITY CHURCH, INC.



Principal Place of Business

**9929 CLARCONA-OCOE RD
APOPKA FL 32703
US**

Mailing Address

**9929 CLARCONA-OCOE RD
APOPKA FL 32703
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2878590**

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

**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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 LLOYD, SHIRLEY F. 10058 INGRAM AVENUE APOPKA FL 32703	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, HAZEL 1304 MONA CT OCOE FL 34761	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, CURTIS 1620 2ND AVENUE LEETON MO 64761	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS W. Howell 16630 2nd Ave. Ocoee, FL 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wayne Reid 1920 Sheeler Rd Apopka, FL 32703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERRY Kennedy 1304 Sand pine lane Ocoee, FL 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec. Shirley Lloyd 10058 INGRAM Ave. Apopka, FL 32703	☒ 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/HAZEL BASS *Hazel Bass* **1-6-03 407-656-5436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)