

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90026 048 ****61.25

DOCUMENT # 750225

1. Entity Name

ORANGE BLOSSOM GARDENS CHAPEL OF ALL FAITHS, INC

Principal Place of Business

Mailing Address

1401 PARADISE DRIVE
 LADY LAKE FL 32159

1401 PARADISE DRIVE
 LADY LAKE FL 32159

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

59-2375525

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, JOHN S
1026 SOLEDAD WAY
LADY LAKE FL 32159

Name

J. Kieth Mitchell

Street Address (P.O. Box Number is Not Acceptable)

914 Camino Del Rey Dr.

City

Lady Lake

FL

Zip Code
32159

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

J. Kieth Mitchell

(J. Kieth Mitchell, Chairperson)

2-7-2002

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 **CD** Delete
 NAME **HUBBARD, JOHN S**
 STREET ADDRESS **1026 SOLEDAD WAY**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **CD** Change Addition
 NAME **MITCHELL, J. Kieth**
 STREET ADDRESS **914 Camino Del Rey Dr.**
 CITY-ST-ZIP **Lady Lake, FL 32159**

TITLE **VD** Delete
 NAME **SWOPE, JAMES R**
 STREET ADDRESS **1454 SAN CLEMENTE CT**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **VD** Change Addition
 NAME **PASSON, Dan A.**
 STREET ADDRESS **1014 Soleday Way**
 CITY-ST-ZIP **Lady Lake, FL 32159**

TITLE **SD** Delete
 NAME **EUBANK, NANCY E.**
 STREET ADDRESS **638 RAINBOW BLVD**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WHITEHEAD, CORINNE**
 STREET ADDRESS **241 JUAREZZ WAY**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE Change Addition
 NAME
 STREET ADDRESS **241 JUAREZ Way**
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *J. Kieth Mitchell* **Chairperson**
(J. Kieth Mitchell) 2-7-2002 (352) 750-1238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)