

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90955 047 \*\*\*\*61.25

**DOCUMENT # 758585**

1. Entity Name

**LIGHT OF CHRIST COMMUNITY CHURCH, INC.**

Principal Place of Business

**22 SUMMIT RIDGE DRIVE  
 TAHLEQUAH OK 74464**

Mailing Address

**22 SUMMIT RIDGE DRIVE  
 TAHLEQUAH OK 74464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **73-1135021**

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

**HANKINS, EMMA DOROTHEA  
 140 BOSPHORUS  
 TAMPA FL 33606**

*Please change street  
 number to 124.  
 Thank you*

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 **PD** ☐ Delete  
 NAME **PARRISH-HARRA, CAROL E**  
 STREET ADDRESS **101 SUMMIT RIDGE DRIVE**  
 CITY-ST-ZIP **TAHLEQUAH OK**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **HARRA, CHARLES C**  
 STREET ADDRESS **101 SUMMIT RIDGE**  
 CITY-ST-ZIP **TAHLEQUAH OK**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **SOUTHWICK, THOMAS**  
 STREET ADDRESS **603 SUMMIT RIDGE**  
 CITY-ST-ZIP **TAHLEQUAH OK 74464**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Delete  
 NAME **PERRY, H. J.**  
 STREET ADDRESS **702 SUMMIT RIDGE CT**  
 CITY-ST-ZIP **TAHLEQUAH OK**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SIMOTA, THOMAS**  
 STREET ADDRESS **2335 STEWART AVE, APT 316**  
 CITY-ST-ZIP **SAINT PAUL MN 55116-3062**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **WATKINS, RON**  
 STREET ADDRESS **3846 NW 21ST STREET**  
 CITY-ST-ZIP **OKLAHOMA CITY OK 73107-2728**

TITLE **D** ☐ Change ☐ Addition  
 NAME **CONNER, JEANNETTE**  
 STREET ADDRESS **398 CR 539**  
 CITY-ST-ZIP **HICO, TX 76457**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*C. Harra, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**918-456-3424**

CR2E037 (9/01)