

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11689

1. Entity Name

ORANGE LAKE BAPTIST CHURCH, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90098 017 ****70.00

Principal Place of Business

Mailing Address

19130 53RD TERRACE
P.O. BOX 227
ORANGE LAKE FL 32681

19130 53RD TERRACE
P.O. BOX 227
ORANGE LAKE FL 32681-0227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2349930

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

WILLIAMS, FRANK
5471 NW 191ST PLACE
ORANGE LAKE FL 32681

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

Frank Williams

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	<input type="checkbox"/> Delete
NAME	WILLIAMS, FRANK	<i>Frank Williams</i>
STREET ADDRESS	5471 NW 191ST PLACE	
CITY-ST-ZIP	ORANGE LAKE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GILLILAND, JOHN	
STREET ADDRESS	5320 NW 190TH STREET	
CITY-ST-ZIP	ORANGE LAKE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRIS, THOMAS	
STREET ADDRESS	5505 TUCKER LANE	
CITY-ST-ZIP	MCINTOSH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Martin	
STREET ADDRESS	Rt 2, Box 540	
CITY-ST-ZIP	Micanopy, FL 32667	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 my address, with all other like empowered.

SIGNATURE

Thomas Harris THOMAS HARRIS

Date

2/18/2000 (352) 591-3264

Daytime Phone #

CR2E037 (9/99)