

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90415 003 ****70.00

DOCUMENT # N11689

1. Entity Name

ORANGE LAKE BAPTIST CHURCH, INC.

Principal Place of Business

17060 NW
1900 53RD TERRACE
P.O. BOX 227
ORANGE LAKE FL 32681

Mailing Address

19060 NW
1900 53RD TERRACE
P.O. BOX 227
ORANGE LAKE FL 32681

2. Principal Place of Business

19060 NW 53rd Terrace
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 227
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORANGE LAKE FL

City & State

ORANGE LAKE, FL

4. FEI Number

59-2349930

Applied For

Not Applicable

Zip

Country

32681

Zip

Country

32681

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 *Jessie Frank Williams*
 Signature, typed or printed name of registered agent and title if applicable.

Jessie F Williams
 (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	
STREET ADDRESS	5471 NW 191ST PLACE	
CITY-ST-ZIP	ORANGE LAKE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, RONALD	
STREET ADDRESS	RT-2 BOX 540	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRIS, THOMAS	
STREET ADDRESS	5505 TUCKER LANE	
CITY-ST-ZIP	MCINTOSH FL	
TITLE		<input type="checkbox"/> Delete
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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 *Thomas Harris*

5/13/01 352-591-3388

CR2E037 (10/00)