2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am Secretary of State **DOCUMENT # N11689** 1. Entity Name ORANGE LAKE BAPTIST CHURCH, INC. 03-14-2002 90070 030 ****61 25 Principal Place of Business Mailing Address 19060 NW 53RD TERRACE 19060 NW 53RD TERRACE ORANGE LAKE FL 32681 P.O. BOX 227 ORANGE LAKE FL 32681 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2349930 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, FRANK **5471 NW 191ST PLACE ORANGE LAKE FL 32681** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) ☐ Addition TITLE ☐ Delete TITLE WILLIAMS, FRANK NAME CR2E037 STREET ADDRESS 5471 NW 191ST PLACE STREET ADDRESS CITY-ST-ZIP ORANGE LAKE FL CITY-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition NAME MARTIN, RONALD NAME STREET ADDRESS RT 2 BOX 540 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICANOPY FL 32667 TITLE 🗷 Delete Change ☐ Addition TITLE HARRIS: THOMAS NAME NĀME STREET ADDRESS 5505 TUCKER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MCINTOSH FL CORBUS, WILLIAM 5501 TUCKER LA TITLE ☐ Delete TITLE □ Change **Addition** NAME NAME STREET ADDRESS STREET ADDRESS MC INTOSH, FL. 32664 CITY-ST-7IP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02 (352)591-1176

FILED