2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003602

DOCUMENT # N11689

1. Entity Name
ORANGE LAKE BAPTIST CHURCH, INC.

FILED
03 OCT -3 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
19060 NW 53RD TERRACE ORANGE LAKE FL 32681	19060 NW 53RD TERRACE P.O. BOX 227 ORANGE LAKE FL 32681

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 59-2349930 — 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
WILLIAMS, FRANK 5471 NW 191ST PLACE ORANGE LAKE FL 32681	Name Street Address (P.O. Box Number is Not Acceptable) 500023544915 10/03/03 01058 008 **236.25 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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	STD	☐ Change ☒ Addition
NAME	WILLIAMS, FRANK		NAME	WILLIAM E. PRIEST, III	
STREET ADDRESS	5471 NW 191ST PLACE		STREET ADDRESS	18040 NE 24TH AVE.	
CITY-ST-ZIP	ORANGE LAKE FL		CITY-ST-ZIP	CITRA, FL. 32113	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	MARTIN, RONALD		NAME	SAMUEL E. POLK	
STREET ADDRESS	RT 2 BOX 540		STREET ADDRESS	5265 N.W. 218TH PL.	
CITY-ST-ZIP	MICANOPY FL 32667		CITY-ST-ZIP	MCINTOSH, FL. 32664	
TITLE	STD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	CORBUS, WILLIAM		NAME		
STREET ADDRESS	5501 TUCKER LANE		STREET ADDRESS		
CITY-ST-ZIP	MCINTOSH FL 32664		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (4/03)

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: Frank Williams REQUIRED FRANK WILLIAMS 9/28/03 352-591-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #