

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90016 006 ****61.25

DOCUMENT # N15732

1. Entity Name

BIG LAKE CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

1115 SW 3RD AVE
 OKEECHOBEE FL 34974

WALKER, JOHN
 2438 SE 32ND ST
 OKEECHOBEE FL 34974-6709

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, JOHN
 2438 SE 32ND ST
 OKEECHOBEE,
 OKEECHOBEE FL 34974

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	CD	<input type="checkbox"/> Delete
NAME	WAGSTER, JAMES	
STREET ADDRESS	502 SW 18TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, JOHN	
STREET ADDRESS	2438 SE 32ND ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GABHART, VERLIN	
STREET ADDRESS	TOWN & COUNTRY MH PK 102	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUANN, ROBERT	
STREET ADDRESS	1910 S.W. 5TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMPTON, NORMAN	
STREET ADDRESS	302 NE 8TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

MOVED

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:

John A. Walker
 WALKER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

Daytime Phone #

CR2E037 (9/99)