

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90091 002 ****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

00020300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

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** Delete
 NAME **WAGSTER, JAMES**
 STREET ADDRESS **502 SW 18TH ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WALKER, JOHN**
 STREET ADDRESS **2438 SE 32ND ST**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCD** Delete
 NAME **GABHART, VERLIN**
 STREET ADDRESS **TOWN & COUNTRY MH PK 102**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME **VCD**
 STREET ADDRESS **BILLY HENRY**
 CITY-ST-ZIP **2703 N.W. 3RD ST**
OKEECHOBEE 34974

TITLE **SD** Delete
 NAME **QUANN, ROBERT**
 STREET ADDRESS **1910 S.W. 5TH AVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COMPTON, NORMAN**
 STREET ADDRESS **302 NE 8TH AVE**
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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 H. Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01

Date Daytime Phone #

CR2E037 (10/00)