

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90056 041 \*\*\*\*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**

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 **James Wagster**

Street Address (P.O. Box Number is Not Acceptable)

**502 S.W. 18th St.**

City **Okeechobee**

FL

Zip Code **34974**

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

*James Wagster*

(NOTE: Registered Agent signature required when reinstating)

**1-12-02**

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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WAGSTER, JAMES</b>	
STREET ADDRESS	<b>502 SW 18TH ST</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, JOHN</b>	
STREET ADDRESS	<b>2438 SE 32ND ST</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>QUANN, ROBERT</b>	
STREET ADDRESS	<b>1910 S.W. 5TH AVE</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>HERNY, BILLY</b>	
STREET ADDRESS	<b>2703 NW 3RD ST</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*James Wagster* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-02**

DATE

**(863) 763-9612**

DAYTIME PHONE #

CR2E037 (9/01)