


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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90359 005 ****61.25

DOCUMENT # N15732
1. Entity Name
BIG LAKE CHURCH OF CHRIST, INC.



Principal Place of Business: **1115 SW 3RD AVE OKEECHOBEE FL 34974**
Mailing Address: ~~WALKER, JOHN~~ **Deceased**
2438 SE 32ND ST OKEECHOBEE FL 34974

2. Principal Place of Business: **1115 SW 3rd Ave**
Suite, Apt. #, etc.: **N/A**
3. Mailing Address: **502 S.W. 18th St.**
Suite, Apt. #, etc.: **N/A**

City & State: **Okeechobee, FL**
City & State: **Okeechobee, FL**
Zip: **34974** Country: **Okeechobee**
Zip: **34974** Country: **Okeechobee**

4. FEI Number **NOT APPLICABLE**
Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WAGSTER, JAMES
502 SW 18TH ST
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent
Name: **James R. 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. I am familiar with, and accept the obligations of registered agent.
JAMES WAGSTER
SIGNATURE: **James Wagster** DATE: **7-18-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	WAGSTER, JAMES	
STREET ADDRESS	502 SW 18TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JOHN	
STREET ADDRESS	2438 SE 32ND ST	
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	VCD	<input checked="" type="checkbox"/> Delete
NAME	HERNY, BILLY	
STREET ADDRESS	2703 NW 3RD ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		
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** **REQUIRED** DATE: **7-18-03** **1-863-763-9612**

CR2E037 (4/03)