

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18443

1. Entity Name

SPIRIT LAKE COMMUNITY CHURCH INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90343 025 *****70.00

0066528

Principal Place of Business

2600 SPIRIT LK RD
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 511
EAGLE LAKE FL 33839

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

59-2750709

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHICK, BARRY
528 SUNSHINE DR
LAKE WALES FL 33855

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHICK, BARRY 528 SUNSHINE DR LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSS, ELLIS 5159 OLD EAGLE LAKE RD. EAGLE LAKE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, MONTY 328 1ST AVE N LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARR, ROSELLA A 788 SE CENTRAL AVE EAGLE LAKE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, KELLY 358 1 AVENUE LAKE WALES FL 33853	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRINSTEAD, KATHY 190 RIFLE RANGE RD BARTOW FL 33830	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Boedeker 115 N. Florence Dr. Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Van Joyner 4460 Washington St. Lake Wales FL 33853	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

By *Shick* *Barry Shick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

299-0470

Daytime Phone #

CR2E037 (10/00)