

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18443

1. Entity Name

SPIRIT LAKE COMMUNITY CHURCH INC.

**FILED**  
Feb 10, 2002 8:00 am  
Secretary of State

02-10-2002 90057 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2600 SPIRIT LK RD  
WINTER HAVEN FL 33880  
US

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

4. FEI Number

59-2750709

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

SHICK, BARRY  
528 SUNSHINE DR  
LAKE WALES FL 33855-33859

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  
NAME SHICK, BARRY  
STREET ADDRESS 528 SUNSHINE DR  
CITY-ST-ZIP LAKE WALES FL-33855- 33859

TITLE Director  
NAME James Christoph  
STREET ADDRESS 4702 Euston St  
CITY-ST-ZIP Lake Wales, FL 33859 ☐ Change ☒ Addition

TITLE VD  
NAME MOSS, ELLIS  
STREET ADDRESS 5159 OLD EAGLE LAKE RD.  
CITY-ST-ZIP EAGLE LAKE FL ☐ Delete

TITLE Collett Vamer (Director)  
NAME 4703 Euston St.  
STREET ADDRESS Lake Wales, FL 33859 ☐ Change ☒ Addition

TITLE D  
NAME HARRINGTON, MONTY  
STREET ADDRESS 328 1ST AVE N  
CITY-ST-ZIP LAKE WALES FL 33853 ☒ Delete

TITLE Director  
NAME Lina Roe  
STREET ADDRESS 5301 US Hwy 27 S.  
CITY-ST-ZIP Lake Wales, FL 33859 ☐ Change ☒ Addition

TITLE T  
NAME CARR, ROSELLA A  
STREET ADDRESS 788 SE CENTRAL AVE  
CITY-ST-ZIP EAGLE LAKE FL ☐ Delete

TITLE Van Joyner (Director)  
NAME 4640 Washington St.  
STREET ADDRESS Lake Wales, FL 33859 ☐ Change ☒ Addition

TITLE D  
NAME HARRINGTON, KELLY  
STREET ADDRESS 358-1 AVENUE  
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE Director  
NAME Sandy Dohm  
STREET ADDRESS 610 Sanford St.  
CITY-ST-ZIP Lake Alfred, FL 33850 ☐ Change ☒ Addition

TITLE D  
NAME BOEDEKER, JOHN  
STREET ADDRESS 115 N. FLORENCE DR  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

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: BARRY SHICK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 863-299-0470  
Date Daytime Phone #

CR2E037 (9/01)