

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90241 012 ****70.00

DOCUMENT # N18443

1. Entity Name

SPIRIT LAKE COMMUNITY CHURCH INC.



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

6. Name and Address of Current Registered Agent

**SHICK, BARRY
528 SUNSHINE DR
LAKE WALES FL 33855**

4. FEI Number **59-2750709**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHICK, BARRY 528 SUNSHINE DR LAKE WALES FL 33859	☐ 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 JAMES, CHRISTOPHER 4702 SASTON ST LAKE WALES FL 33859	☐ Delete <i>spell</i>
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 904 CARLTON AVE LAKE WALES FL 33853	☒ <i>keep</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOEDEKER, JOHN 115 N. FLORENCE DR WINTER HAVEN FL 33884	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sandy Dohm 610 Sanford St. Lake Alfred, FL 33850</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>James Christoph 4702 Easton</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Van Joyner 943 Wes Mann Babson Park 33827</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lana Roe 4980 Washington St. Lake Wales FL 33859</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Collet Varner 4703 Easton St. Lake Wales, FL 33859</i>	☐ Change ☒ Addition

CR2E037 (10/02)

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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED

*2-10-03 (863)
299-0470*