

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90068 040 ****61.25

DOCUMENT # N28553

1. Entity Name

THE LORD'S CHURCH AT WAUCHULA, INC.

Principal Place of Business

WEST MAIN ST., HWY 64A
P.O. BOX 1263
WAUCHULA FL 33873

Mailing Address

WEST MAIN ST., HWY 64A
P.O. BOX 1263
WAUCHULA FL 33873

D0042360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2752295

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

DEER, JOHN E
1142 OLD FT GREEN RD
WAUCHULA FL 33873

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 **D** ☒ Delete
NAME **MITCHELL, JAMES**
STREET ADDRESS **PO BOX 244 N/A**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☒ Delete
NAME **DRAKE, JOHN**
STREET ADDRESS **1697 GRIFFIN ROAD**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HAZELTINE, STEVE**
STREET ADDRESS **17212 KELLOG AVE**
CITY-ST-ZIP **NORTH PORT FL**

TITLE **VP** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **John E. Deer** ☒ Delete **Sec**
NAME **1142 Old Ft Green Rd**
STREET ADDRESS **WAUCHULA FL 33873**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **CARI THORNTON**
STREET ADDRESS **403 PENN. AVE**
CITY-ST-ZIP **WAUCHULA FL 33873**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **STEVE CANTU**
STREET ADDRESS **PO BOX 1461**
CITY-ST-ZIP **20150 Spgs FL 33890**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E DEER 4-22-01

Date

Daytime Phone #

CR2E037 (10/00)