

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 035 ****61.25

DOCUMENT # N28553

1. Entity Name

THE LORD'S CHURCH AT WAUCHULA, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2752295

Applied For

Not Applicable

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 **Sherry L. Williams**

Street Address (P.O. Box Number is Not Acceptable)

3799 Oak Hill Ranch Rd

City **Zolfo Springs**

FL

Zip Code **33890**

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

Sherry L. Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-02

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	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, JAMES	
STREET ADDRESS	PO BOX 244 N/A	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, JOHN	
STREET ADDRESS	1697 GRIFFIN ROAD	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HAZELTINE, STEVE	
STREET ADDRESS	17212 KELLOG AVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DEER, JOHN E	
STREET ADDRESS	1142 OLD FT. GREEN RD.	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THORNTON, CARL	
STREET ADDRESS	403 PENN. AVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CANTU, STEVE	
STREET ADDRESS	PO BOX 1461	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laurence C. Williams JR DS	
STREET ADDRESS	3799 Oak Hills Ranch Rd	
CITY-ST-ZIP	Zolfo Springs, FL 33890	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARRIN B. WALKER III DVP	
STREET ADDRESS	4086 W. Main St	
CITY-ST-ZIP	Wauchula, FL 33873	
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:

Carl G. Thornton Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

863-773-4214

Date Daytime Phone #

CR2E037 (9/01)