

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90030 028 ****61.25

0063538

DOCUMENT # N93000002748

1. Entity Name

OKEECHOBEE CHRISTIAN CHURCH, INC.

Principal Place of Business

1720 SE 28TH ST.
 OKEECHOBEE FL 34974
 US

Mailing Address

P.O. BOX 1694
 OKEECHOBEE FL 34973-694
 US

901423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3056 SE 18th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0429738

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

SMITH, DON
1007 SW 4 ST
OKEECHOBEE FL 34972

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLEY, LAWRENCE JR	
STREET ADDRESS	6727 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUGLAS, WILBUR	
STREET ADDRESS	2985 SE 59TH BLVD	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, DON	
STREET ADDRESS	1007 SW 4TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **REQUIRED DONALD L SMITH** 1/7/01 863 763-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)