# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 06, 2002 8:00 am**
**Secretary of State**
05-06-2002 90094 048 ****61.25

DOCUMENT # N93000003387

1. Entity Name

LAUREL WORSHIP CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1437 STRADA D ORO<br>VENICE FL 34292<br>US | P.O. BOX 235<br>LAUREL FL 34272<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 312 E. Laurel Rd. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Laurel, FL | City & State |
| Zip: 34272 Country: USA | Zip Country |

4. FEI Number 65-0437762 ☐ 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 |
|---|---|
| RENNO, TOM<br>1437 STRADA DO ORO<br>VENICE FL 34292 | Name: Renee B. Yoder<br>Street Address (P.O. Box Number is Not Acceptable): 3906 Meadowcreek Drive<br>City: Sarasota, FL Zip Code: 34233 |

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: Renee B. Yoder, SECRETARY-TREASURER 4-23-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>RENNO, TOM<br>1437 STRADA D ORO<br>VENICE FL 34292 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Paul Barriball<br>1011 River Oaks<br>Venice, FL 34293 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>YODER, RENEE<br>3906 MEADOW CREEK DRIVE<br>SARASOTA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Marlene Carrothers<br>507 S. Jessica St.<br>Nokomis, FL 34275 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STEVEN H. WEBER<br>1238 WATERSIDE LANE<br>VENICE FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Helmuth Weber<br>254 Laurel Hollow Dr.<br>Nokomis, FL 34275 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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:** Renee B. Yoder SIGNATURE RENEE B. YODER 4/23/02 941-484-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #