

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90018 046 ****61.25

DOCUMENT # N98000004983

1. Entity Name

HUNTER'S CREEK COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**3190 TIMUCUA CIRCLE
 ORLANDO FL 32837
 US**

**3190 TIMUCUA CIRCLE
 ORLANDO FL 32837-7126
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3529913

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIEL, MARK
 3190 TIMUCUA CIRCLE
 ORLANDO FL 32037**

Name

GARDNER E. DANIEL

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

14319 ROXSHIRE DR.

City

ORLANDO

FL

Zip Code
32837

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)

1/26/00

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** Delete
 NAME **DANIEL, MARK**
 STREET ADDRESS **3190 TIMUCUA CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **DANIEL, GARDNER**
 STREET ADDRESS **14319 ROXSHIRE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **WHITE, JIM**
 STREET ADDRESS **1847 RICHARDSON DRIVE**
 CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~SD~~ Delete
 NAME ~~XXXXXXXXXXXXXXXXXXXX~~
 STREET ADDRESS ~~XXXXXXXXXXXXXXXXXXXX~~
 CITY-ST-ZIP ~~XXXXXXXXXXXX~~

TITLE **SD** Change Addition
 NAME **KIERNAN, VERNER**
 STREET ADDRESS **4848 BRIGHTMOOR CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL. 32837**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
GARDNER E. DANIEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

(407) 816-0827

Date

Daytime Phone #

CR2E037 (9/99)