

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005682

FILED  
Feb 12, 2003  
Secretary of State

Entity Name: THE CARPENTER'S SHOP CHURCH, INC.

**Current Principal Place of Business:**

4183 OLD MILL OVE TRAIL WEST  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

4183 OLD MILL OVE TRAIL WEST  
JACKSONVILLE, FL 32277

**New Mailing Address:**

FEI Number: 41-2028797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILDER, CLINT D  
4183 OLD MILL OVE TRAIL WEST  
JACKSONVILLE, FL 32277      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ST      ( ) Delete  
Name: WILDER, CHERYL D  
Address: 4183 OLD MILL OVE TRAIL WEST  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PRES      ( ) Delete  
Name: WILDER, CLINT D  
Address: 4183 OLD MILL COVE TR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP      ( ) Delete  
Name: WILDER, MARY E  
Address: 4183 OLD MILL COVE TR W  
City-St-Zip: JACKSONVILLE, FL 32277

Title: D      ( ) Delete  
Name: COX, EDWARD H  
Address: 1610 DONALD ST  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D      ( ) Delete  
Name: BOLDUC, GAYLORD D  
Address: 8821 NATURE VIEW LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D      ( ) Delete  
Name: COX, BETTY S  
Address: 1610 DONALD ST  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP      (X) Change ( ) Addition  
Name: WILDER, CHERYL D  
Address: 4183 OLD MILL OVE TRAIL WEST  
City-St-Zip: JACKSONVILLE, FL 32277

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title: TR      (X) Change ( ) Addition  
Name: PARKS, KELLY  
Address: 5370 COPPEDGE AVE.  
City-St-Zip: JACKSONVILLE, FL 32277

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

Title: D      (X) Change ( ) Addition  
Name: PARKS, TERRY  
Address: 5370 COPPEDGE AVE.  
City-St-Zip: JACKSONVILLE, FL 32277

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINT D. WILDER

PRES

02/12/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date