2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 07, 2002 8:00 am

1. Entity Nar	SSA BIBLE CHAPEL, INC.			/		Secretary 08-07-2002 9017		
Principal Plac	ce of Business	Mailing Address						
1900 HIAWASEE ROAD ORLANDO FL 32818		1900 HIAWASEE ROAD ORLANDO FL 32818						
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		<u> </u>	4. FEI Number	05-0073012		oplied For ot Applicable
Zip Country.		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Register	ed Agent	A 1 =
				Name CHAR	UES 5.	ANGY		
SCOTT, EDWIN L.				Street Address (P.O. Box Number	is Not Acceptable)	,	
3024 PIOI ORLANDO		ļ <u>.</u>	347 M	7 MEADOW KIDGE LANE				
			١,	City ORLA	ando	F		3.8/8
8. The above the obliga	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	egistered o	office or register	red agent, or both,	in the State of Florida. I a	am familiar with,	and accept
SIGNATURE	FOR HIAWASSA BI Signature, typed or printed name of registered agent a	SLE CHAPEL and title if applicable. (NOTE:	Agistered Agi	ent signature required	when reinstating	DAT	1/21/02	
•	After September 13, 2002, min. will be \$236.25.	9. Election Cam Trust Fund Co	_		\$5.00 May Be Added to Fees		eck Payable nent of State	
10.	OFFICERS AND DIF	ECTORS	11.	, ,	ADDITIONS/CHAN	IGES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLS, JAMES H 1728 ST JOHNS RIVER DR SANFORD FL 32773	□ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	SD NELSON, MICHAEL 728 ST. JOHNS RIVER DR	Delete	TITLE NAME STREET AC	ODRESS 316		N VIEW CIR.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, CLIFFORD 150 GEORGE AVE MAITLAND FL 32751	Delete	TITLE NAME STREET AD CITY-ST-	VD RIC DDRESS 140	HARD E.	BLOUNT FRANCES DR.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGY, CHARLES S 6347 MEADOW RIDGE LANE ORLANDO FL 32818	☐ Delete	TITLE NAME STREET AC CITY-ST-2	DORESS	, , , , , , , , , , , , , , , , , , , 	2 32712	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2			·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-Z	l l			☐ Change	Addition

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 17, 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.