2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 702404** 1. Entity Name OAK RIDGE BAPTIST CHURCH INC 01-19-2000 90011 024 ****61.25 Principal Place of Business Mailing Address OAK RIDGE BAPTIST CH OAK RIDGE BAPTISH CH 3833 WEST OAK RIDGE RD 501877 3833 WEST OAK RIDGE RD ORLANDO FL 32809 ORLANDO FLA 32809-4538 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2905212 Not Applicable Country \$8.75 Additional Zip Country ~ -5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KENDEL, ROBERT B SR 6007 LUZON DRIVE ORLANDO FL 32809 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Armstrong, Steven D. I ☐ Change TITLE TITLE ☐ Delete COPPOCK, WILLIAM NAME NAME 2339 Huntington Green Court STREET ADDRESS STREET ADDRESS 13112 SAN ANTONIO WOODS LANE Orlando, FL CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Change ☐ Addition n ☐ Delete TITLE TITLE KENDEL, ROBERT B SR NAME NAME Been On Anthony_Clark 6007 LUZON DRIVE STREET ADDRESS STREET ADDRESS 3131 W. Oak Ridge Road CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Orlando, Firoida □ Change ☐ Addition TITLE ☐ Delete TITLE COPPOCK, WILLIAM NAME NAME 13112 SAN ANTONIO WOODS LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE DUNCAN, RAYMOND NAME STREET ADDRESS STREET ADDRESS 6332 REVINNA DRIVE

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

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

ORLANDO FL 32809

ORLANDO FL 32387

GLADSTONE, ROBERTS

2220 BLUE SAPPHIRE CIRCLE

☐ Delete

☐ Change

Change

Addition

Addition