

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90007 024 \*\*\*\*61.25

0013130

**DOCUMENT # 702404**

1. Entity Name

**OAK RIDGE BAPTIST CHURCH INC**

Principal Place of Business

Mailing Address

**OAK RIDGE BAPTISH CH  
3833 WEST OAK RIDGE RD  
ORLANDO FL 32809  
US****OAK RIDGE BAPTISH CH  
3833 WEST OAK RIDGE RD  
ORLANDO FL 32809  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2905212**

Applied For

☐ Not Applicable5. 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

**KENDEL, ROBERT B SR  
6007 LUZON DRIVE  
ORLANDO FL 32809**

Name

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

City

**FL**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COPPOCK, WILLIAM</b>	
STREET ADDRESS	<b>13112 SAN ANTONIO WOODS LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KENDEL, ROBERT B SR</b>	
STREET ADDRESS	<b>6007 LUZON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COPPOCK, WILLIAM</b>	
STREET ADDRESS	<b>13112 SAN ANTONIO WOODS LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNCAN, RAYMOND</b>	
STREET ADDRESS	<b>6332 REVINNA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32809</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLADSTONE, ROBERTS</b>	
STREET ADDRESS	<b>2220 BLUE SAPPHIRE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32387</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, ANTHONY</b>	
STREET ADDRESS	<b>5219 VIA HACIENDA CIRCLE #109</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32839</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**01/13/2002**

Daytime Phone #

**(407) 351-5719**

CR2E037 (9/01)