

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702404

1. Entity Name

OAK RIDGE BAPTIST CHURCH INC

Principal Place of Business

OAK RIDGE BAPTIST CH
3833 WEST OAK RIDGE RD
ORLANDO FL 32809
US

Mailing Address

OAK RIDGE BAPTIST CH
3833 WEST OAK RIDGE RD
ORLANDO FL 32809
US

2. Principal Place of Business

Oak Ridge Baptist Ch.

Suite, Apt. #, etc.

3. Mailing Address

3833 W. Oak Ridge Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32809

Country

Orange

City & State

Zip

Country

4. FEI Number

59-2905212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENDEL, ROBERT B SR
6007 LUZON DRIVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME COPPOCK, WILLIAM
STREET ADDRESS 13112 SAN ANTONIO WOODS LANE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME KENDEL, ROBERT B SR
STREET ADDRESS 6007 LUZON DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME COPPOCK, WILLIAM
STREET ADDRESS 13112 SAN ANTONIO WOODS LANE
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Delete
NAME DUNCAN, RAYMOND
STREET ADDRESS 6332 REVINNA DRIVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☒ Delete
NAME GLADSTONE, ROBERTS
STREET ADDRESS 2220 BLUE SAPPHIRE CIRCLE
CITY-ST-ZIP ORLANDO FL 32387

TITLE DI ☒ Delete
NAME ARMSTRONG, STEVEN
STREET ADDRESS 2339 HUNNINGTON GREEN CT
CITY-ST-ZIP ORLANDO FL 32839

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600079733856
CITY-ST-ZIP 09/12/06--01068--021 **\$61.25

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Rev. Robert B. Kendel Sr.

8/30/06

407
351-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone to 12

CR2E037 (10/00)

0026883