

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702615

1. Entity Name

LAKE BUTLER CHURCH OF CHRIST INC

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90138 031 ****61.25

0057947

Principal Place of Business Mailing Address
435 NW 2ND ST. 435 NW 2ND ST.
LAKE BUTLER FL 32054 LAKE BUTLER FL 32054

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2249906 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRAWFORD, RAY
ROUTE 2, BOX 298
LAKE BUTLER FL 32054

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 DS ☐ Delete
NAME HENDRICKS, BRYAN
STREET ADDRESS RT. 4 BOX 2398
CITY-ST-ZIP LAKE BUTLER FL
TITLE DP ☐ Delete
NAME CRAWFORD, RAY
STREET ADDRESS ROUTE 2, BOX 298 HWY 238
CITY-ST-ZIP LAKE BUTLER FL
TITLE D ☐ Delete
NAME CRAWFORD, LEE
STREET ADDRESS P.O. BOX 135, NA
CITY-ST-ZIP LAKE BUTLER FL
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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: *Bryan Hendricks* SIGNATURE REQUIRED Bryan Hendricks 01/27/02 (386) 496-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)