

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90371 009 ****61.25

DOCUMENT # 703648

1. Entity Name

GREAT OAKS BAPTIST CHURCH, INC.

Principal Place of Business

**2124 NORTH DEAN ROAD
 ORLANDO FL 32817-4214**

Mailing Address

**2124 NORTH DEAN ROAD
 ORLANDO FL 32817-4214**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3181948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAXEY, RICHARD S JR
 3860 OLD LOCKWOOD RD
 OVIEDO FL 32765**

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 **TD** ☐ Delete
 NAME **CORKLEY, JOHN**
 STREET ADDRESS **10301 OKOT ST.**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TD** ☒ Change ☐ Addition
 NAME **John Coakley**
 STREET ADDRESS **10301 Olcott St.**
 CITY-ST-ZIP **Orlando, FL. 32817**

TITLE **TD** ☒ Delete
 NAME **TYNDALL, FRED SR**
 STREET ADDRESS **11528 CHURCHILL ST**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TD** ☐ Change ☒ Addition
 NAME **William Bishop**
 STREET ADDRESS **9924 Burgundy Bay St.**
 CITY-ST-ZIP **Orlando, FL. 32817**

TITLE **TD** ☒ Delete
 NAME **NORMAN, BILL SR**
 STREET ADDRESS **14358 LAKE PICKETT RD**
 CITY-ST-ZIP **ORLANDO FL 00000**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Marcia Bunks**
 STREET ADDRESS **9734 Landowne Ct.**
 CITY-ST-ZIP **Orlando, FL. 32817**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Delete
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)