

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703926

1. Entity Name

GROVE PARK CHRISTIAN CHURCH, INC., LAKE LAND

Principal Place of Business

1819 COOLIDGE RD  
LAKE LAND FL 33803

Mailing Address

1819 COOLIDGE RD  
LAKE LAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANDERSON, JAMES D  
3658 JOSHUA LANE  
LAKE LAND FL 33813

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

9-26-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	THOMAS, PATE	
STREET ADDRESS	4815 TRDITON DR	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES	
STREET ADDRESS	3658 JOSHUA LANE	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, DON	
STREET ADDRESS	3428 LORI LANE NORTH	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, KEITH	
STREET ADDRESS	1806 SUZANNE LANE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, TOM	
STREET ADDRESS	3462 CHRISTINA CR CIR SO	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STINE, TIMOTHY	
STREET ADDRESS	5015 TERRY LANE	
CITY-ST-ZIP	LAKE LAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

500003418055-9  
-10/09/00-01014-015  
\*\*\*236.25 \*\*\*236.25

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

09-26-00

Date

863-683-2392

Daytime Phone #

CR2E037 (5/00)

REINSTATEMENT 2000



FILED  
00 SEP 27 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA