

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90226 043 ****61.25

DOCUMENT # 704061

1. Entity Name

JUNE PARK BAPTIST CHURCH, INCORPORATED, OF MELBOURNE, FLORIDA

Principal Place of Business

**3475 MIAMI AVE.
 MELBOURNE FL 32904**

Mailing Address

**3475 MIAMI AVE.
 MELBOURNE FL 32904**

134001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1716052**

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

**MADDEN, EARL D
 440 VINE STREET
 MELBOURNE FL 32904**

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 NAME	VD MADDEN, EARL D.	<input type="checkbox"/> Delete
STREET ADDRESS	440 VINE STREET	
CITY-ST-ZIP	MELBOURNE FL	
TITLE NAME	VD LLORENS, MARTIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7535 SHERIDAN RD.	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE NAME	ST GRAVES, CHARLES E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	410 LACOCO ST SW	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D LAMB, MARTIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2034 ADAMS AVE	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE NAME	D THOMAS, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	441 VINE ST	
CITY-ST-ZIP	W MELBOURNE FL 32904	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Martin Lamb
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-254-
 8/28/2002 5987
 Date Daytime Phone #

CR2E037 (9/01)