

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90304 040 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 707202

1. Entity Name

OPEN BIBLE COMMUNITY CHURCH OF LAKELAND, INC.

Principal Place of Business

Mailing Address

**1041 N. DAVIS AVE
LAKELAND FL 33805****1041 N. DAVIS AVE
LAKELAND FL 33805**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2302593

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARTLETT, PERRY M.
1813 LAVON ST.
LAKELAND FL 33805**

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 \$61.259. 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 STREET ADDRESS CITY-ST-ZIP	PCD WALKER, WILBURN M. 717 EASTWAY DR. LAKELAND FL ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BARTLETT, P M 1813 LAVON ST LAKELAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS BARTLETT, JAMES 1051 N. DAVIS AVE. LAKELAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BARTLETT, JESSE L. 3204 ROY BURT RD LAKELAND FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: James M. Bartlett JAMES M. BARTLETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-19-02**
Date**(863) 859-0604**
Daytime Phone #

CR2E037 (9/01)