## 2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 05, 2002 8:00 am Secretary of State **DOCUMENT # 707202** 1. Entity Name OPEN BIBLE COMMUNITY CHURCH OF LAKELAND, INC. 05-05-2002 90304 040 \*\*\*\*70 00 Mailing Address Principal Place of Business 1041 N. DAVIS AVE 1041 N. DAVIS AVE LAKELAND FL 33805 LAKELAND FL 33805 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2302593 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARTLETT, PERRY M. 1813 LAVON ST. LAKELAND FL 33805 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. **Addition** PCD PCD TITLE Delete TITLE BARTLETT, JESSE L. 3204 ROY BURT RD WALKER, WILBURN M. NAME NAME 717 EASTWAY DR. STREET ADDRESS STREET ADDRESS AKELAND FL CITY-ST-ZIP Lakeland FL CITY-ST-ZIP Change ☐ Addition TITLE VCD ☐ Delete TITLE NAME BARTLETT, P M NAME STREET ADDRESS **1813 LAVON ST** STREET ADDRESS CITY-ST-ZIP lakeland fl CITY-ST-ZIP ☐ Change Addition TITLE TDS ☐ Delete TITLE BARTLETT, JAMES NAME NAME STREET ADDRESS 1051 N. DAVIS AVE. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

(9/01)

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