2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90106 034 ****61.25

DOCUMENT # 712201

1. Entity Name

CHURCH OF CHRIST OF WEST ORANGE, INC.

Principal Place of Business	Mailing Address
1230 S. DANIELS ROAD P.O. BOX 771012 WINTER GARDEN FL 34787-4325 US	1230 S. DANIELS ROAD WINTER GARDEN FL 34787 US

508817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1450 Daniels Road	1450 Daniels Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, FL	City & State: Winter Garden, FL
Zip: 34787-4325 Country: US	Zip: 34787-4325 Country: US

4. FEI Number 59-1520329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BOLLINGER, DONALD E
1318 WESTON WOODS BLVD
ORLANDO FL 32818

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	D WHITE, DOYLE 4808 ROCK SPRINGS RD APOPKA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAY, ROBERT 9277 WICKHAM WAY ORLANDO FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOLLINGER, DONALD 1318 WESTON WOODS BLVD ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTON, FOY 12508 SUMMERPORT BCH WAY WINDERMERE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRUITT, HERB 282 MILEHAM DR. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUNSON, TOM 71 MILLHOLLAND WAY OAKLAND FL 34760	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: W.H. Pruitt SIGNATURE REQUIRED W.H. Pruitt, Treasurer 2/20/2002 407-656-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #