

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # 716105

1. Entity Name

CHURCH OF CHRIST AT LAKE ELLEN, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

02-24-2000 90007 010 ****61.25

Principal Place of Business

3450 S.W. US HWY. 17 & 92
P.O. BOX 332
CASSELBERRY FL 32707

Mailing Address

3450 S.W. US HWY. 17 & 92
P.O. BOX 332
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7371398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STRONG, JOHN D
231 EVEREST POINT #101
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: JOSEPH R. KNORR
Street Address (P.O. Box Number is Not Acceptable)

818 WILLOW WIK DR

City: CASSELBERRY, FL Zip Code: 32707

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

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STIFFLER, ALLAN	
STREET ADDRESS	2155 NOTTINGHAM DR.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNORR, JOE	
STREET ADDRESS	818 WILLOW WIK DR	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, RANDY	
STREET ADDRESS	1535 HILLTOP ROAD	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RENNER, DONALD	
STREET ADDRESS	532 CASCADE CIRCLE #104	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRONG, JOHN	
STREET ADDRESS	231 EVEREST POINT, #101	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEN HILL	
STREET ADDRESS	104 LOCHINVAR DR	
CITY-ST-ZIP	CASSELBERRY, FL 32730	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE MOODY	
STREET ADDRESS	805 CAMELIA AVE.	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 32714-7122	
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		

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

Date

Daytime Phone #

CR2E037 (9/99)