

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90112 015 \*\*\*\*61.25

**DOCUMENT # 724497**

1. Entity Name  
**THE CARPENTER'S HOME CHURCH, INC.**

Principal Place of Business      Mailing Address  
 777 CARPENTER'S WAY      P.O. BOX 995020  
 LAKELAND FL 33804-2020      LAKELAND FL 33809  
 US      US



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                  |  |   |  |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number                    |  | Applied For   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 59-1140771                       |  | Not Applicable  |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                  |  |   |  |

|   |  |  |  |  |  |    |  |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent               |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| SIMMONS, SHANE A.<br>777 CARPENTER'S WAY<br>LAKELAND FL 33809 |  |  |  | Name   |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|   |  |  |  | City   |  | FL |  |

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)

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |                          |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                       |  |  |
|----------------------------|--------------------------|--|--|---|-----------------------|--|--|
| TITLE                      | TT                       | <input type="checkbox"/> Delete            |  | TITLE   | VP                    | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       | SIMMONS, SHANE A.        |  |  | NAME  | SIMMONS, SHANE A.     |  |  |
| STREET ADDRESS             | 1328 EDGEWATER BEACH DR  |  |  | STREET ADDRESS  | 3941 DERBY DRIVE      |  |  |
| CITY-ST-ZIP                | LAKELAND FL 33805        |  |  | CITY-ST-ZIP   | LAKELAND, FL 33809    |  |  |
| TITLE                      | PCP                      | <input type="checkbox"/> Delete            |  | TITLE   | T                     | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                       | STRADER, KARL            |  |  | NAME  | GREGORY L. GILLMAN    |  |  |
| STREET ADDRESS             | 777 CARPENTER'S WAY      |  |  | STREET ADDRESS  | 1558 SIR HENRY'S TRL. |  |  |
| CITY-ST-ZIP                | LAKELAND FL 33809        |  |  | CITY-ST-ZIP   | LAKELAND, FL 33809    |  |  |
| TITLE                      | TR                       | <input type="checkbox"/> Delete            |  | TITLE   | TR                    | <input type="checkbox"/> Change            | <input checked="" type="checkbox"/> Addition |
| NAME                       | BAILEY, MICHAEL          |  |  | NAME  | DAVE VESPA            |  |  |
| STREET ADDRESS             | 92 STRATFORD MANOR DRIVE |  |  | STREET ADDRESS  | 1444 WYNGATE DR.      |  |  |
| CITY-ST-ZIP                | BRANDON FL 33510         |  |  | CITY-ST-ZIP   | LAKELAND, FL 33809    |  |  |
| TITLE                      | SVPT                     | <input type="checkbox"/> Delete            |  | TITLE   |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | FERRELL, JAMES E.        |  |  | NAME  |                       |  |  |
| STREET ADDRESS             | 738 BUENA VISTA DR       |  |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                | LAKELAND FL 33805        |  |  | CITY-ST-ZIP   |                       |  |  |
| TITLE                      | TR                       | <input checked="" type="checkbox"/> Delete |  | TITLE   |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | MILLER, JOHN             |  |  | NAME  |                       |  |  |
| STREET ADDRESS             | 3508 SYDNEY ROAD         |  |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                | PLANT CITY FL 33567      |  |  | CITY-ST-ZIP   |                       |  |  |
| TITLE                      | TR                       | <input type="checkbox"/> Delete            |  | TITLE   |                       | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition            |
| NAME                       | JOHNSON, MALLORY         |  |  | NAME  |                       |  |  |
| STREET ADDRESS             | 707 CARPENTER'S WAY #43  |  |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                | LAKELAND FL 33809        |  |  | 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 *Gregory L. Gillman* SIGNATURE REQUIRED *Gregory L. Gillman, Treasurer* 5/15/00 863-859-1477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)