

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

01 34

DOCUMENT # 724497

04-30-2001 90357 032 *****61.25

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

Principal Place of Business 777 CARPENTER'S WAY LAKELAND FL 33804-2020 US	Mailing Address P.O. BOX 995020 LAKELAND FL 33809-3921 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-1140771**
 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
SIMMONS, SHANE A.
777 CARPENTER'S WAY
LAKELAND FL 33809

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, SHANE A. 1328 EDGEWATER BEACH DR LAKELAND FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCP STRADER, KARL 777 CARPENTER'S WAY LAKELAND FL 33809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BAILEY, MICHAEL 92 STRATFORD MANOR DRIVE BRANDON FL 33510 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT FERRELL, JAMES E. 738 BUENA VISTA DR LAKELAND FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VESPA, DAVE 1444 WYNGATE DR. LAKELAND FL 33809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, MALLORY 707 CARPENTER'S WAY #43 LAKELAND FL 33809 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GREGORY L. GILLMAN, 1558 SIR HENRY'S TRAIL LAKELAND, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES E. FERRELL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Gregory L. Gillman* **SIGNATURE REQUIRED** **GREGORY L. GILLMAN** 4/23/01 (862) 859-1477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Alfredo

TR
Mr. Jaime Rodriguez
726 Powder Horn Row
Lakeland FL 33809

TR
Mr. David Inglis
707 Carpenters Way #37
Lakeland FL 33809

#72497
754000

TR
Mr. John David Miller
3508 Sydney Road
Plant City FL 33567

TR
Mr. Sammy L. Taylor
733 Carpenter's Way #1
Lakeland FL 33809

Mr. Robert W. Watson
1101 Mendonsa Road
Plant City FL 33566