

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90283 004 ****61.25

DOCUMENT # 724497

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1140771

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, SHANE A.
 777 CARPENTER'S WAY
 LAKELAND FL 33809**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	SIMMONS, SHANE A.	
STREET ADDRESS	1328 EDGEWATER BEACH DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	PCP	<input type="checkbox"/> Delete
NAME	STRADER, KARL	
STREET ADDRESS	777 CARPENTER'S WAY	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TS	<input type="checkbox"/> Delete
NAME	GILLMAN, GREGORY L	
STREET ADDRESS	1558 SIR HENRY'S TRAIL	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FERRELL, JAMES E.	
STREET ADDRESS	738 BUENA VISTA DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TR	<input type="checkbox"/> Delete
NAME	VESPA, DAVE	
STREET ADDRESS	1444 WYNGATE DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MALLORY	
STREET ADDRESS	707 CARPENTER'S WAY #43	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON BAILEY, MICHAEL	
STREET ADDRESS	11645 THONOTASAWA Rd.	
CITY-ST-ZIP	THONOTASAWA, FL 33592	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JOHN	
STREET ADDRESS	3508 SYDNEY Rd.	
CITY-ST-ZIP	PLANT CITY, FL 33567	
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		
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: *Gregory L. Gillman* **Gregory L. Gillman** 4/19/02 (863) 853-9595
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)