


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90328 037 ****61.25

0018160

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 33809-3921**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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.		Name	
777 CARPENTER'S WAY		Street Address (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33809		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	TS GILLMAN, GREGORY L 1558 SIR HENRY'S TRAIL LAKELAND FL 33809	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BAILEY, MICHAEL 11645 THONOTOSASSA RD THONOTOSASSA FL 33592	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VESPA, DAVE 1444 WYNGATE DR. LAKELAND FL 33809	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MILLER, JOHN 3508 SYDNEY RD PLANT CITY FL 33567	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOHNSON, MALLORY 707 CARPENTER'S WAY LAKELAND FL 33809	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MURPHY, DIANA 808 WINNIE COURT LAKELAND, FL 33815	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TAYLOR, SAMMY 915 FOREST LAKE DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TOWNSEND, DWAYNE 7052 HAZELTINE CIRCLE LAKELAND, FL 33810	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WATSON, ROBERT 1101 MENDONSA ROAD PLANT CITY, FL 33566	<input type="checkbox"/> Change	<input checked="" 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: _____ Date: **7/08/03** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)