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

DOCUMENT # 724497

1. Entity Name

THE CARPENTER'S HOME CHURCH, INC.



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

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

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Principal Plac	e of Busines	s	Mailing	g Address								
777 CARPENTER'S WAY LAKELAND FL 33804-2020 US			-	P.O. BOX 995020 LAKELAND FL 33809-3921 US						B. 01810 B1811	4.51.4.61.61.61	
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2. Principal Place of Business			3. Mailing Address				1884 HOUR HOUR	HOIN HUSKA (B)IN 101		TITAL BARILDIN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State					4. FEI Number 59-	1140771			oplied For ot Applicable
Zip Country		Zip		Coun	Country		5. Certificate of State	us Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registere	d Agent				7. Name and Addre	ss of New Reg			
			<u></u>			Name						
SÌMMONS, SHANE À.							Street Address (P.O. Box Number is Not Acceptable)					
	PENTER'S				}							
LAKELAN	ID FL 33809	,				City						
										FL	Zip Cod	e
	named entitions of regist	y submits this statement fo	or the purpo	ose of changing its	registered	d office or r	registere	ed agent, or both, in the	State of Floric	da. I am fa	amiliar with,	and accept
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SIGNATURE .		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							·		. 	
· · ·	Signature, typed	of printed name of registered agent	and title if appli	icable. (NOTE	: Registered	Agent signature	re required v	when reinstating)		DATE		
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		': FEE IS \$61.25 , 2003, min will be \$2	236.25	Election Can Trust Fund C		-		\$5.00 May Be Added to Fees			Payable ment of S	
		, 2003, min will be \$2				-		Added to Fees	Florida	Depart	ment of S	State
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12. I hereby certify that the information supplied with this filling 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 tike empowered.

SIGNATURE SIGNATURE SIGNATURE OF SIGNING OFFICER OR DIRECTOR

7/08/03

Doubles Dhare #

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