

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726181

1. Entity Name

441 BAPTIST CHURCH OF OKEECHOBEE, FLORIDA, INC.

Principal Place of Business

18387 US HWY 441 N
POB 1712
OKEECHOBEE FL 34973

Mailing Address

18387 US HWY 441 N
POB 1712
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAWRENCE, RONNIE
150 N.W. 102ND ST.
OKEECHOBEE FL 33472

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

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

TITLE SC. ☐ Delete
NAME RAULERSON, CINDY
STREET ADDRESS 3820 NW 144TH DRIVE
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☐ Delete
NAME BURNETT, KIM E
STREET ADDRESS 4409 SE 27TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE D ☐ Delete
NAME CALHOUN, AUDREY
STREET ADDRESS 1244 NW 98TH ST.
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☐ Delete
NAME LAWRENCE, RONNIE
STREET ADDRESS 150 NW 102 ST.
CITY-ST-ZIP OKEECHOBEE FL 33472

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91395 013 ****61.25



DO NOT WRITE IN THIS SPACE

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