

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90082 020 ****61.25

DOCUMENT # 726570

1. Entity Name

LAKE OSBORNE CONTINUING PRESBYTERIAN CHURCH, INC

Principal Place of Business

2101 6TH AVENUE SOUTH
 POBOX 1623
 LAKE WORTH FL 33460

Mailing Address

2101 6TH AVENUE SOUTH
 POBOX 1623
 LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0895174

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

7. Name and Address of New Registered Agent

SMILEY, JUDITH F.
1950 LAKE OSBORNE DR.
LAKE WORTH FL 33461

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 PD Delete
 NAME CAMPBELL, WILLIAM R.
 STREET ADDRESS 260 N. COUNTRY CLUB DR.
 CITY-ST-ZIP ATLANTIS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME SHEPLEY, SR. RAYMOND
 STREET ADDRESS 212 DYER ROAD
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD Change Addition
 NAME Morris, John
 STREET ADDRESS 338 Knotty Pine Circle #A-2
 CITY-ST-ZIP Lake Worth, FL 33463

TITLE SD Delete
 NAME LITTLEJOHN, BLAIR R.
 STREET ADDRESS 5080 PONDEROSA LANE
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD Change Addition
 NAME McKee, William A.
 STREET ADDRESS 1416 Lake Court South
 CITY-ST-ZIP Lake Worth, FL 33406

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: _____

William R. Campbell

2/13/02

561-582-5686

CR2E037 (9/01)