

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90132 015 \*\*\*\*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**

**10010686**



CHECK HERE IF MAKING CHANGES

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. 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**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL, WILLIAM R.</b>	
STREET ADDRESS	<b>260 N. COUNTRY CLUB DR.</b>	
CITY-ST-ZIP	<b>ATLANTIS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, JOHN</b>	
STREET ADDRESS	<b>338 KNOTTY PINE CIRCLE #A-2</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MCKEE, WILLIAM A</b>	
STREET ADDRESS	<b>1416 LAKE COURT SOUTH</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33406</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William R. Campbell William R. Campbell 1/21/03 561-582-5686

CR2E037 (10/02)