

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90043 036 ****61.25

DOCUMENT # 736370

1. Entity Name

THE SHENANDOAH BAPTIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

**7308 PERSHING AVE E
 ORLANDO FL 32822**

**7308 PERSHING AVE E
 ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2319203

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

**NORRIS, KEITH
 7332 E PERSHING AVENUE
 ORLANDO FL 32212 32 822**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
32822

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 ☐ Delete
 NAME **PD NORRIS, KEITH**
 STREET ADDRESS **7332 E PERSHING AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE ☐ Delete
 NAME **V PEYNADO, ASTON**
 STREET ADDRESS **4225 GULFSTREAM BAY CT.**
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE ☐ Delete
 NAME **D POPE, JAMES W**
 STREET ADDRESS **5900 LYLE ST**
 CITY-ST-ZIP **ORLANDO, FL 00000 32807**

TITLE ☒ Change ☐ Addition
 NAME **D Pope, James W.**
 STREET ADDRESS **5900 Lyle St**
 CITY-ST-ZIP **Orlando, FL 32807**

TITLE ☐ Delete
 NAME **T CORNELL, RHONDA**
 STREET ADDRESS **4722 STURBRIDGE CIR.**
 CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☐ Delete
 NAME **S ROGALINSKI, KATHY**
 STREET ADDRESS **3601 OGLETREE CT**
 CITY-ST-ZIP **ORLANDO FL 32812**

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

TITLE ☐ Delete
 NAME **D CARPENTER, ED**
 STREET ADDRESS **3609 PONCEAU**
 CITY-ST-ZIP **ORLANDO, FL 00000 32812**

TITLE ☒ Change ☐ Addition
 NAME **D Carpenter, Ed**
 STREET ADDRESS **3609 Ponceau**
 CITY-ST-ZIP **Orlando FL 32812**

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 REQUIRED Rhonda Cornell

4-23-01

407-282-5561

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (10/00)