## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # 736844 1. Entity Name ST. STEPHEN'S CHURCH, INC. 04-26-2001 90139 047 \*\*\*\*61.25 Principal Place of Business Mailing Address 1820 STATE ROAD 540A 1820 STATE ROAD 540A LAKELAND FL 33813 LAKELAND FL 33813-3737 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2249895 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOERS, BRUCE Street Address (P.O. Box Number is Not Acceptable) MOODY, DOUGLAS 5803 HOLLYHOCK DRIVE 3423 ROYAL COURT S. LAKELAND FL 33813 Zip Code 33813 LAKELAND 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. BRUCE GOERS SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (10/00)TITLE ☐ Delete TITL F Change ☐ Addition SHOEMAKER, TODD NAME NAME STREET ADDRESS **5046 COPPERSTONE CIRCLE** STREET ADDRESS **CR2E037** CITY-S1-ZIP MULBERRY FL 33860 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ANDERSON, KRIS NAME STREET ADDRESS 731 BUTTERNUT PLACE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition HIBER, VIRGINIA NAME STREET ADDRESS 425 FOREST GLEN AVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP TITI.E TITLE X Delete XX Change **M** Addition MOODY, DOUGLAS NAME GOERS, BRUCE STREET ADDRESS 5803 HOLLYHOCK DRIVE STREET ADDRESS 3423 ROYAL COURT S. CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP <del>LAKELAND, FL 33813</del> TITLE ☐ Delete TITLE ☐ Change XX Addition NAME HOLCOMBE, SCOTT T. STREET ADDRESS STREET ADDRESS 1820 STATE RD. 540A CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33813 TIT F ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

BRUCE GOERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

Daytime Phone #