

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/3/0

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90029 044 \*\*\*\*61.25

DOCUMENT # 736881

1. Entity Name

CHARLIE CREEK FAITH BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

6885 STATE RD E  
 ZOLFO SPRINGS FL 33890

% DOROTHY L. GARDNER  
 1167 SPARROW RD  
 ZOLFO SPRINGS FL 33890-5018  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

45-0983262

☒ 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

GARDNER, DOROTHY  
 1167 SPARROW ROAD  
 ZOLFO SPRINGS FL 33890

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

GARDNER-DOROTHY - *Gardner Dorothy*

1-17-2002

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	DS	<input type="checkbox"/> Delete
NAME	GARDNER, DOROTHY L.	
STREET ADDRESS	1167 SPARROW RD	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEARSALL, EDWARD	
STREET ADDRESS	29 DELANY HEIGHTS	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDNER, DEBRA	
STREET ADDRESS	1000 QUAIL RD	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE	D	<input type="checkbox"/> Delete
NAME	OAKMAN, MARCILL	
STREET ADDRESS	1234 SPARROW RD	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D-CHANDLER, MARCIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1012 SPARROW RD.	
CITY-ST-ZIP	ZOLFO SPRINGS FL 33890	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *GARDNER DOROTHY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2002-863-773-3124

Date

Daytime Phone #

CR2E037 (9/01)