

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90374 013 ****61.25

DOCUMENT # 742583

1. Entity Name

LOCKWOOD MISSIONARY BAPTIST CHURCH OF ORLANDO, I
NC.

Principal Place of Business

Mailing Address

16224 OLD CHENEY HIGHWAY
ORLANDO FL 32833-2783

16224 OLD CHENEY HIGHWAY
ORLANDO FL 32833-2783

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3010427

Applied For

Not Applicable

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

MULLINS, RANDY
13808 BELLES LANE
ORLANDO FL 32826

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: VD ☐ Delete
NAME: PRIEST, JOE
STREET ADDRESS: 455 MCLAIN LANE
CITY-ST-ZIP: ORLANDO FL

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

TITLE: VD ☐ Delete
NAME: WHARTON, EARL RAY II
STREET ADDRESS: 30 1ST STREET
CITY-ST-ZIP: OVIEDO FL 32766

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

TITLE: PD ☐ Delete
NAME: TANNER, JOHN
STREET ADDRESS: 3465 PHILLIPS ROAD
CITY-ST-ZIP: CHRISTMAS FL

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

TITLE: D ☐ Delete
NAME: JONES, GENE
STREET ADDRESS: 777 LOCKWOOD DRIVE
CITY-ST-ZIP: ORLANDO FL

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

TITLE: DT ☐ Delete
NAME: MULLINS, RANDY
STREET ADDRESS: 13808 BELLES LN
CITY-ST-ZIP: ORLANDO FL

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

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

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

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:

Randy Mullins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Mullins Pres. 4-11-02 321-662-3549
Date Daytime Phone #

CR2E037 (9/01)