## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 14, 2002 8:00 am Secretary of State **DOCUMENT # 745436** LAKE BRANTLEY CHURCH, INC. 02-14-2002 90086 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 2270 SAND LAKE RD. 2270 SAND LAKE RD. ALTAMONTE SPGS. FL 32714 VULUU ALTAMONTE SPGS, FL 32714 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 59-2247864 Not Applicable Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) CHAMBERS, EGBERT ROY 3179 F OXWOOD DRIVE APOPKA FL 32703 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Jan. Trust Fund Contribution. Added to Fees **Department of State** 10: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TIME ☐ Delete TITLE (9/01) ☐ Change ☐ Addition LAMB, LINDA NAME NAMĘ STREET ADDRESS 1680 WEST LAKE BRANTLEY RD STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP CDT TITI E ☐ Delete TITLE ☐ Change Addition CHAMBERS, EGBERT "ROY" NAME NAME STREET ADDRESS 3179 FOX WOOD DR STREET ADDRESS CITY-ST-ZIP APOPKA FL CITY-ST-ZIP PD Delete Addition TITLE PASTOR CLARK, ADAMS NAME 930 N UNION CENTER VONSHIZE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA FL 32725 CITY-ST-ZIP== LTAMONTE-SPRINGS-, FL. 32714-Delete TITLE × CO-CHAIRMAN LAMÉ. MURRAY NAME 1680 W LAKE BRANTLEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-7IP TITLE Delete TITLE Change CATTERMAN, RANDY NAME NAME 619 WILWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling ploes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ndicated 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 of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corpo of the corporation or the receiver of changed, or on an attachment with all other like empowered.