

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90172 025 ****61.25

DOCUMENT # 745436

1. Entity Name

LAKE BRANTLEY CHURCH, INC.



Principal Place of Business

**2270 SAND LAKE RD.
ALTAMONTE SPGS. FL 32714**

Mailing Address

**2270 SAND LAKE RD.
ALTAMONTE SPGS. FL 32714**

90057876



☐ CHECK HERE IF MAKING CHANGES

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 **59-2247864**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHAMBERS, EGBERT ROY
3179 F OXWOOD DRIVE
APOPKA FL 32703**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	LAMB, LINDA	
STREET ADDRESS	1680 WEST LAKE BRANTLEY RD	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	CDT	<input type="checkbox"/> Delete
NAME	CHAMBERS, EGBERT ROY	
STREET ADDRESS	3179 FOX WOOD DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, CLARK	
STREET ADDRESS	1400 DEVON SHORE CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAMB, MURRAY	
STREET ADDRESS	1680 W LAKE BRANTLEY ROAD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROGER, RICHARD	
STREET ADDRESS	2700 COVENTRY LANE	
CITY-ST-ZIP	OCOCHEE FL 34761	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARL, FEIL	
STREET ADDRESS	2400 CONVENTRY	
CITY-ST-ZIP	OCOCHEE FL 34761	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARLEN McCLAYSON JR.	
STREET ADDRESS	210 LOCHBERRY PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32779	

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, 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:

EGBERT ROY CHAMBERS

Date

Daytime Phone #

CR2E037 (10/02)