2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90160 031 ****61.25

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DOCUMENT # 755155

1. Entity Name

STARKE LAKE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
611 N WEST STREET P O BOX 520 OCOEE FL 34761	611 N WEST STREET P O BOX 520 OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

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 59-1455647 ☐ 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
MAGILL, PATRICK M 2110 EAST ROBINSON ORLANDO FL 32803	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TR AYCOCK, RUTH 311 CENTER ST OCOEE FL 34761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ~~Finley~~ Hill, Finley 12164 Walker Pond Rd. Winter Garden Fl. 34787	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BROWN, WALTER T. 6123 LOST TREE COURT ORLANDO FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Whitehead, Lewis 40 7th St. Ocoee, Fl. 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR COPELAND, CRAIG 1220 SANDY COVE OCOEE FL 34761	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Skipper, Brian 783 Marlene Dr. Ocoee, Fl. 34761	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR RICHARDS, TERRY 1255 SANDY COVE OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRC Richards, Terry 1255 Sandy Cove Ocoee, Fl. 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRC WOODSON, SAM 814 CHICAGO OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Woodson, Sam 814 Chicago Ocoee, Fl. 34761	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Terry Richards REQUIRED 1/27/02 407-656-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #