

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758585

1. Entity Name

LIGHT OF CHRIST COMMUNITY CHURCH, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90058 014 ****61.25

Principal Place of Business

Mailing Address

22 SUMMIT RIDGE DRIVE
P O BOX 1274
TAHLEQUAH OK 74464

22 SUMMIT RIDGE DRIVE
P O BOX 1274
TAHLEQUAH OK 74464-9272

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

73-1135021

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HANKINS, EMMA DOROTHEA
140 BOSPHORUS
TAMPA FL 33606

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 SD ☐ Delete
NAME BRADLEY, GRACE B
STREET ADDRESS 104 SUMMIT RIDGE
CITY-ST-ZIP TAHLEQUAH OK

T ☐ Change ☐ Addition
NAME SOUTHWICK, THOMAS
STREET ADDRESS 603 SUMMIT RIDGE
CITY-ST-ZIP TAHLEQUAH OK 74464

TITLE TD ☐ Delete
NAME HARRA, CHARLES C
STREET ADDRESS 101 SUMMIT RIDGE
CITY-ST-ZIP TAHLEQUAH OK

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

TITLE PD ☐ Delete
NAME PARRISH, CAROL
STREET ADDRESS 101 SUMMIT RIDGE
CITY-ST-ZIP TAHLEQUAH OK

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

TITLE D ☐ Delete
NAME PERRY, H. J.
STREET ADDRESS 702 SUMMIT RIDGE CT
CITY-ST-ZIP TAHLEQUAH OK

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

TITLE T ☐ Delete
NAME BASS, SCOTTIE
STREET ADDRESS 1908 AIROLE WAY
CITY-ST-ZIP AUSTIN TX 78704

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

TITLE T ☐ Delete
NAME NAGY, REBECCA
STREET ADDRESS 13800 WOODY POINT RD
CITY-ST-ZIP CHARLOTTE NC 28278

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)