

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90222 032 ****61.25

DOCUMENT # 765693



1. Entity Name
BAPTIST TEMPLE OF DUNDEE, INC.

Principal Place of Business Mailing Address
**CORNER OF CENTER STREET AND LAKE STREET
C/O PASTOR JIM LYLE. P.O. BOX 937
DUNDEE FL 33838** **CORNER OF CENTER STREET AND LAKE STREET
C/O PASTOR JIM LYLE. P.O. BOX 937
DUNDEE FL 33838**

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 **59-3154860** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYLE, PASTOR JIM
CORNER OF CENTER STREET AND LAKE STREET
DUNDEE FL 33838**

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 *Pastor Jim Lyle*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	OVITT, ELTON	
STREET ADDRESS	30 N 11TH ST	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MOCK, TOMMIE	
STREET ADDRESS	23 E EAGLE LAKE LOOP RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	MT	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, BILL	
STREET ADDRESS	P O BOX 1133, DELL LAKE VILLAGE	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRADFORD, TABITHA	
STREET ADDRESS	4765 CARL BOOZER RD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Associate Pastor + Clerk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVITT, ELTON	
STREET ADDRESS	30 N 11th St	
CITY-ST-ZIP	Haines City, FL 33844	
TITLE	Chairman of Deacons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman of Trustees	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Drew	
STREET ADDRESS	909 Edmund Ave	
CITY-ST-ZIP	Dundee, FL 33838	
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		

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 REQUIRED

*439-4442
1-23-03 (863) ~~1111~~*

CR2E037 (10/02)