

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766699

1. Entity Name

THE CARPENTER'S HOME CHURCH OF LAKELAND, INC.

Principal Place of Business

777 CARPENTER'S WAY
P.O. BOX 95020
LAKELAND FL 33809

Mailing Address

777 CARPENTER'S WAY
P.O. BOX 95020
LAKELAND FL 33809-3921

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2247906

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, SHANE A.
1328 EDGEWATER BEACH DR
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

"ADDRESS CHANGE"

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

3941 DERBY DR.

City

LAKELAND

FL

Zip Code

33809

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

TITLE	PC	<input type="checkbox"/> Delete
NAME	STRADER, KARL D	
STREET ADDRESS	777 CARPENTER'S WAY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, SHANE A.	
STREET ADDRESS	1328 EDGEWATER BEACH DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MALLORY JOHNSON	
STREET ADDRESS	707 CARPENTER'S WAY #42	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SV	<input type="checkbox"/> Delete
NAME	FERRELL, JAMES E.	
STREET ADDRESS	738 BUENA VISTA DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TR	<input type="checkbox"/> Delete
NAME	INGLIS, DAVE	
STREET ADDRESS	707 CARPENTER'S WAY #37	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	3508 SYDNEY ROAD	
CITY-ST-ZIP	PLANT CITY FL 33567	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY L. GILLMAN	
STREET ADDRESS	1558 SIR HENRY'S TRL.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, SHANE A.	
STREET ADDRESS	3941 DERBY DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE VESPA	
STREET ADDRESS	1444 WYNGATE DR.	
CITY-ST-ZIP	LAKELAND, FL 33809	
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		

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 GREGORY L. GILLMAN, TREASURER 5/15/00 863-853-9599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)