

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766699

1. Entity Name

THE CARPENTER'S HOME CHURCH OF LAKE LAND, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90066 034 ****61.25

Principal Place of Business

Mailing Address

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

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

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

59-2247906

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

SIMMONS, SHANE A.
3941 DERBY DR
LAKE LAND FL 33809

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	PC STRADER, KARL D 777 CARPENTER'S WAY LAKE LAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, SHANE A. 3941 DERBY DR LAKE LAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MALLORY JOHNSON 707 CARPENTER'S WAY #42 LAKE LAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV FERRELL, JAMES E. 738 BUENA VISTA DR LAKE LAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR INGLIS, DAVE 707 CARPENTER'S WAY #37 LAKE LAND FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLMAN, GREGORY L 1558 SIR HENRY'S TRL LAKE LAND FL 33809	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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* SIGNATURE REQUIRED *Gregory L. Gillman* 4/23/01 (813) 859-1477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

C0057066



DO NOT WRITE IN THIS SPACE

Attachment

TR

Mr. Jaime Rodriguez
726 Powder Horn Row
Lakeland FL 33809

#1

TR

Mr. David A. Vespa
1444 Wyngate Drive
Lakeland FL 33809

TR

Mr. John David Miller
3508 Sydney Road
Plant City FL 33567

Doc # 766699
C00570266

TR

Mr. Sammy L. Taylor
733 Carpenter's Way #1
Lakeland FL 33809

Mr. Robert W. Watson
1101 Mendonsa Road
Plant City FL 33566