

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90121 022 ****70.00

DOCUMENT # N00000006876

1. Entity Name

OKEECHOBEE ROAD BAPTIST CHURCH, INC. ✓

Principal Place of Business

Mailing Address

345 S.W. BELMONT CIRCLE
 PORT ST. LUCIE FL 34953

345 S.W. BELMONT CIRCLE
 PORT ST. LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

7807 Pensacola Road

P.O. Box 13134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Pierce FL

City & State

Ft. Pierce FL

Zip

34951

Country

USA

Zip

34979

Country

USA

4. FEI Number

65-1053986

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

FARRELL, RICKY L
 1595 S.E. PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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	VD BRYANT, DAVID R III 7807 PENSACOLA RD. FT. PIERCE FL 34951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, JOHN E 3725 GORDY RD. FT. PIERCE FL 34945	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FLORA D 3725 GORDY RD. FT. PIERCE FL 34945	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNDON, DAVID 345 S.W. BELMONT CIRCLE PORT ST. LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COFER, MICHELLE L 345 S.W. BELMONT CIRCLE PORT ST. LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORNE, CYNTHIA E 345 S.W. BELMONT CIRCLE PORT ST. LUCIE FL 34953	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bryant, David R. III 7807 Pensacola Road Ft. Pierce, FL 34951	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smith, Dennis 3725 Gordy Road Ft. Pierce, FL 34945	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Warnock, Carl 17325 Hammock Lane Ft. Pierce, FL 34988	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *LASHA B. HARRIS*

07232002 772/489-2434

CR2E037 (4/02)