

9/10/01-90043-027-\$61.25-\$61.25

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007082**

1. Entity Name

**WESLEY CHAPEL CHRISTIAN CHURCH CORPORATION**

Principal Place of Business

6819 AXELROD WAY  
WESLEY CHAPEL FL 33544

Mailing Address

6819 AXELROD WAY  
WESLEY CHAPEL FL 33544

2. Principal Place of Business

28345 DEEDNA DR.

3. Mailing Address

28345 DEEDNA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

WESLEY CHAPEL FL. WESLEY CHAPEL FL.

4. FEI Number

59-3697569

Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, VERNON LAMAR  
6819 AXELROD WAY  
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name VERNON LAMAR JENKINSStreet Address (P.O. Box Number is Not Acceptable)  
28345 DEEDNA DR.City WESLEY CHAPEL FL 33544

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State**10. OFFICERS AND DIRECTORS**TITLE  
NAME ELDER - IN CHARGE  
STREET ADDRESS VERNON L. JENKINS  
CITY-ST-ZIP 28345 DEEDNA DR.  
WESLEY CHAPEL, FL. 33544☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME SEC. TREAS.  
STREET ADDRESS MARTHA L. JENKINS  
CITY-ST-ZIP 28345 DEEDNA DR.  
WESLEY CHAPEL FL. 33544☐ DeleteTITLE  
NAME TIM HARTON SR. ELDER  
STREET ADDRESS 34351 TIMBELLAND BLVD  
CITY-ST-ZIP 28345 DEEDNA DR.☐ DeleteTITLE  
NAME  
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CITY-ST-ZIP☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ 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: VERNON L. JENKINS 9-9-01 973-0956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 22 AM 9:25

SECRETARY OF STATE  
FLORIDA

DO NOT WRITE IN THIS SPACE

0011008

CH26037 (5/01)

AMENDED  
2001 UNIFORM BUSINESS REPORT (UBR) Amended

1.2

DOCUMENT # P00006085536

1. Entity Name

NATIONAL MACHINERY CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 AM 10:29

Principal Place of Business Mailing Address  
825 E. LAKESHORE BLVD. 825 E. LAKESHORE BLVD.  
KISSIMMEE, FLORIDA 34744 KISSIMMEE, FLORIDA 34744

2. Principal Place of Business 3. Mailing Address  
3533 Bonaire Boulevard 3533 Bonaire Boulevard  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
No. 806 No. 806  
City & State City & State  
KISSIMMEE, FLORIDA KISSIMMEE, FLORIDA  
Zip Country Zip Country  
32741 U.S.A. 32741 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
59-3672289 Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL MANDELKERN  
215 N. EOLA DRIVE  
ORLANDO, FLORIDA 32801

7. Name and Address of New Registered Agent

Name LUC J. BEYERS  
Street Address (P.O. Box Number is Not Acceptable)  
3533 BONAIRE BOULEVARD  
No. 806  
City KISSIMMEE FL Zip Code 32741

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  
LUC J. BEYERS

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D MAZZARO, GIANNINO ☒ Delete  
NAME 825 E. LAKESHORE BLVD.  
STREET ADDRESS KISSIMMEE, FL. 34744  
CITY-ST-ZIP

TITLE D VAN HOOYDONCK, ROZETTE ☒ Delete  
NAME 825 E. LAKESHORE BLVD.  
STREET ADDRESS KISSIMMEE, FL. 34744  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS BEYERS, LUC J. ☒ Change ☐ Addition  
NAME 3533 BONAIRE BOULEVARD  
STREET ADDRESS NO. 806  
CITY-ST-ZIP KISSIMMEE, FL. 34744

TITLE ☐ Change ☐ Addition  
NAME 200004683162--2  
STREET ADDRESS -11/15/01--01023--007  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

10/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)