

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

Amended

DOCUMENT # *N 0000000 7082*

1. Entity Name

WESLEY CHAPEL CHRISTIAN CHURCH CORP.

FILED

02 AUG -7 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27513 QUAIL HOLLOW PLAZA

3. Mailing Address

28345 DEERDA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESLEY CHAPEL, FL

City & State

WESLEY CHAPEL, FL

4. FEI Number

59-3697569

Applied For

Not Applicable

Zip

33543

Country

PASCO

Zip

33544

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

VERNON L JENKINS

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

28345 DEERDA DR.

City

WESLEY CHAPEL

FL

Zip Code

33544

DO NOT WRITE
IN THIS SPACE

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

Vernon L Jenkins

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-25-02

FEE IS \$61.25

Initial or Amended UBR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
VERNON L JENKINS (D)
28345 DEERDA DR.
WESLEY CHAPEL, FL 33544*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MARTHA L JENKINS (D)
28345 DEERDA DR.
WESLEY CHAPEL, FL 33544
(SEC. TREAS.)*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
ROBERT TAMBORER (D)
2405 TANGELING HILL CT.
LUTZ, FL 33549*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
BETH TAMBORER (D)
2405 TANGELING HILL CT. DR.
LUTZ, FL 33549*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
VICKI GOMMIER (D)
8610 QUAIL RUN DR
WESLEY CHAPEL, FL 33544*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*000007071900--0
-08/13/02--01029--010
*****61.25 *****61.25*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Vernon L Jenkins

6-25-02

(813) 973-0956

CR2E037B (12/01)