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FILED

Sep 05, 2001 8:00 am
Secretary of State

08-15-2001 90007 022 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007499

1. Entity Name

ANCHOR BAPTIST CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

414 KING STREET
OVIEDO FL 32765

Mailing Address

POST OFFICE BOX 6222125
OVIEDO FL 32762

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

59-3681798

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

LANCASTER, WILLIAM T
414 KING STREET
OVIEDO FL 32765

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LANCASTER, WILLIAM T	
STREET ADDRESS	7491 BETTY STREET	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMOTE, ANSON L	
STREET ADDRESS	2817 EASTBROOK BOULEVARD, APT. 105	
CITY-ST-ZIP	WINTER PARK FL 32792	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WICHOWSKI, RONALD A	
STREET ADDRESS	602 ST. JOHNS COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	

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

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

TITLE		<input type="checkbox"/> Delete
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wichowski, Ronald A	
STREET ADDRESS	2417 Eastbrook Blvd Apt #135	
CITY-ST-ZIP	Winter Park, FL 32792	

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 filing empowered.

SIGNATURE:

WILLIAM T. LANCASTER
Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #