

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003368

1. Entity Name

CHURCH OF CHRIST CHILDREN OF THE PROMISE, INC. 615-0  
Children of the Promise Ministries, Inc

Principal Place of Business

310 MODEST ST.  
LAKELAND FL 33805

Mailing Address

310 MODEST ST.  
LAKELAND FL 33805

2. Principal Place of Business

627 Pear St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Zip 33803 Country USA

Zip

Country

4. EFL Number

59-3733266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROUNTREE, VERONICA  
310 MODEST ST.  
LAKELAND FL 33805

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ROUNTREE, VERONICA	
STREET ADDRESS	310 MODEST ST.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, SYLVIA	
STREET ADDRESS	302 MODEST ST.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUNTREE, WILLIE M	
STREET ADDRESS	1721 BELLGROVE ST.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILDS, KAREN	
STREET ADDRESS	651 PONDEROSA DR. W.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAGINS, JOHNNY	
STREET ADDRESS	1148 GILMORE AVE.	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAGINS, JOYCE	
STREET ADDRESS	1148 GILMORE AVE.	
CITY-ST-ZIP	LAKELAND FL 33802	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard L. Rountree	
STREET ADDRESS	310 Modest Street	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica Rountree	
STREET ADDRESS	310 Modest Street	
CITY-ST-ZIP	Lakeland, FL 33805	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earleese Patterson	
STREET ADDRESS	723 S. Fla Ave.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnny Ragins	
STREET ADDRESS	714 8th St. W.	
CITY-ST-ZIP	Lakeland, FL 33805	
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 like empowered.

SIGNATURE:

Veronica Rountree 4/2/02 (813) 683-1075

FILED  
Jul 21, 2002 8:00 am  
Secretary of State

07-21-2002 90013 033 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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