

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90455 040 ***70.00

DOCUMENT # NO1000003647

1. Entity Name

EMMANUEL APOSTOLIC CHURCH OF LAKE WALES INC.

Principal Place of Business

**126 SOUTH WETMORE ST.
 LAKE WALES FL 33583**

Mailing Address

**126 SOUTH WETMORE ST.
 LAKE WALES FL 33583**

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

59-3651519

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

**SPRADLEY, SADONNA M
 41 W BULLARD AVE
 LAKE WALES FL 33853**

Name

Roy Locke

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

318 E. JOHNSON AVE

City

Lake Wales, FLA.

FL

Zip Code
33853

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

Roy Gene Locke

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

(NOTE: Registered Agent signature required when reinstating)

1-8-02

DATE

FILE NOW: FEE IS \$61.25

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 ☐ Delete
 NAME **D SPRADLEY, SADONNA**
 STREET ADDRESS **41 W BULLARD AVE**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete
 NAME **D SHRIVER, HELEN**
 STREET ADDRESS **305 S WETMORE ST**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☒ Change ☐ Addition
 NAME **D SHRIVER, Helen**
 STREET ADDRESS **708 Delmar St.**
 CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE ☐ Delete
 NAME **SPRADLEY, WILLIAM**
 STREET ADDRESS **1784 WILLIAMS RD**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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: *William Spradley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 863-638-0042

CR2E037 (9/01)