

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90184 012 \*\*\*\*61.25

**DOCUMENT # N01000008520**

**1. Entity Name**  
**NORTHLAKE COMMUNITY CHURCH AT LAKE NONA, INCORPORATED**



**Principal Place of Business**

**9313 NORTHLAKE PKWY  
ORLANDO FL 32827**

**Mailing Address**

**425 S CHICKASAW TRAIL PMB 293  
ORLANDO FL 32823-7852**

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

**5410 LAZY OAKS LN**

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**Orlando FL**

**Zip**

**Country**

**32834**

**Orange**

**4. FEI Number 59-3752635**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HANSBERGER, JAMES  
111 CHERRY CREEK CIRCLE  
WINTER SPRINGS FL 32708**

**7. Name and Address of New Registered Agent**

**Name: (Ginger) Carpenter V.H.  
Street Address (P.O. Box Number is Not Acceptable)  
10419 Tyson Rd.**

**City: Orlando FL Zip Code: 32832**

**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 agree to, the obligations of registered agent.**

**SIGNATURE** *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**3-26-03**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE PD**  
**NAME MCLEOD, ROBERT B**  
**STREET ADDRESS 5410 LAZY OAKS LN**  
**CITY-ST-ZIP ORLANDO FL 32839**

☐ Delete

**TITLE VD**  
**NAME LEE, JAMES**  
**STREET ADDRESS 9313 NORTHLAKE PKWY**  
**CITY-ST-ZIP ORLANDO FL 32827**

☐ Delete

**TITLE SD**  
**NAME HULS, SUSANNE**  
**STREET ADDRESS 800 GRAN PASEO DR**  
**CITY-ST-ZIP ORLANDO FL 32825**

☒ Delete

**TITLE TD**  
**NAME BELL, DAVID**  
**STREET ADDRESS 4329 STEED TERR**  
**CITY-ST-ZIP WINTER PARK FL 32792**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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☐ Change ☐ Addition

**TITLE**  
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**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:** *[Signature]* **REQUIRED JAMES LEE 3-28-03 407-8546116**

CR2E037 (10/02)