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

Mailing Address

LAKELAND FL 33801

3. Mailing Address

City & State

Suite, Apt. #, etc.

2131 SMITHFIELD CIRCLE SOUTH

DOCUMENT # N0200001078

Country

6. Name and Address of Current Registered Agent

Entity Name

Principal Place of Business

LAKELAND FL 33901

2131 SMITHFIELD CIRCLE SOUTH

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CHURCH AT NORTH POINTE, INC.



Country

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

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90479 026 ****61.25

11003425



DERRICK, FRANKLIN DAVID 2131 SMITHFIELD CIRCLE SOUTH LAKELAND FL 33801

Name	
Street Address (P.O. Box Number is Not Acc	eptable)
City	FL Zip Code

9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 5 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD ☐ Addition ☐ Delete TITLE TITLE DERRICK, FRANKLIN DAVID NAME NAME 2131 SMITHFIELD CIRCLE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP VICE PRES. NODERER NOT BRIGHTON WAY ☐ Change Addition TITLE TITLE **▼** Delete DERRICK, CONSTANCE M NAME NAME 2131 SMITHFIELD CIRCLE SOUTH STREET ADDRESS STREET ADDRESS LAKELAND &L 33813 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33801 TREASURER DANIEL A. KILBANE, JR. 16455 HORIZON POINT DR. LAKELAND, FL 33813 Delete Change TITLE BENNETT, ROBERT NAME STREET ADDRESS STREET ADDRESS 3929 WINCHESTER ROAD LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIP TD Change X Addition Delete TITI F SECRETARY TODD R. HAZETON PACE, WILLIAM R NAME NAME 3515 SANBURG LOOP STREET ADDRESS 1911 VISTA VIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 PLANT CITY, FL 33566 Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: ASSOCIATIONS STATE Franklin David Derrick 4-17-03 863-581-733

CR2E037 (10/02)