

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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-08-2003 90157 026 ****61.25

DOCUMENT # N02000001176

1. Entity Name

CENTRAL FLORIDA BIBLE CHURCH, INC.



Principal Place of Business

7884 AUTUMN WOOD DRIVE
ORLANDO FL 32825

Mailing Address

7884 AUTUMN WOOD DRIVE
ORLANDO FL 32825

1000 55003557

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3606726

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FORBES, JAMES H
7884 AUTUMN WOOD DRIVE
ORLANDO FL 32825

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

James H. Forbes JAMES H. FORBES

1-6-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PEREIRA, JOHN
STREET ADDRESS 1409 SPRING LOOP WAY
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE E ☐ Change ☒ Addition
NAME JAMES H. FORBES
STREET ADDRESS 7884 AUTUMN WOOD DR
CITY-ST-ZIP ORLANDO, FL. 32825

TITLE D ☐ Delete
NAME YOUNG, DAVID
STREET ADDRESS 8618 VILLANOVA ROAD
CITY-ST-ZIP ORLANDO FL 32817

TITLE E ☐ Change ☒ Addition
NAME GLENN MILLER
STREET ADDRESS 2301 OCOEE-APOPKA RD
CITY-ST-ZIP APOPKA, FL. 32703

TITLE D ☐ Delete
NAME STEWART, DELANO
STREET ADDRESS 228 WAVERLY DRIVE
CITY-ST-ZIP FERN PARK FL 32730

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

TITLE D ☐ Delete
NAME SHAFER, CHARLES
STREET ADDRESS 167 S. LAKEWOOD CIRCLE
CITY-ST-ZIP MAITLAND FL 32751

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

TITLE E ☐ Delete
NAME EDWARDS, BRUCE
STREET ADDRESS 14243 WING FOOT ROAD
CITY-ST-ZIP ORLANDO FL 32816

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

TITLE D ☐ Delete
NAME SHIDLER, GARY
STREET ADDRESS 11428 WHOOPERS RUN
CITY-ST-ZIP CLERMONT FL 34711

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:

JAMES H. FORBES, JAMES H. FORBES 1-6-03 407-3827285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)