

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90126 005 ****61.25

DOCUMENT # N02000006150

1. Entity Name
WATERS EDGE BIBLE CHURCH, INC.



Principal Place of Business
**1043 29TH STREET N.W.
WINTER HAVEN FL 33881**

Mailing Address
**1043 29TH STREET N.W.
WINTER HAVEN FL 33881**



2. Principal Place of Business
2718 Ave U N.W.
Suite, Apt. #, etc.

3. Mailing Address
2718 Ave U N.W.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Winter Haven, Fla.
Zip
33881
Country
US

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Zip
33881
Country
US

4. FEI Number **47-0881286**
47-0881286
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FARRER, KENNETH L
1043 29TH STREET N.W.
WINTER HAVEN FL 33881**

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 **Kenneth L. Farrer** **Pres.** **1/9/03**
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 Fees**

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

10. OFFICERS AND DIRECTORS

TITLE <input checked="" type="checkbox"/> P	<input type="checkbox"/> Delete
NAME FARRER, KENNETH L	
STREET ADDRESS 1043 29TH STREET N.W.	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE <input checked="" type="checkbox"/> S	<input type="checkbox"/> Delete
NAME FARRER, DIANE W	
STREET ADDRESS 1043 29TH STREET N.W.	
CITY-ST-ZIP WINTER HAVEN FL 33881	
TITLE <input checked="" type="checkbox"/> D	<input type="checkbox"/> Delete
NAME Keyt Tom	
STREET ADDRESS 46 NE 9th St	
CITY-ST-ZIP Mulberry, FL 33860	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **Kenneth L. Farrer** **1/9/03** **863 967-0083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)