

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/27

01-27-2003 90234 041 ****70.00

DOCUMENT # N02000007692

1. Entity Name
BIBLE WAY BAPTIST CHURCH OF ORANGE-LAKE COUNTY, INC.



Principal Place of Business
**100 W GOLF LINKS AVE
EUSTIS FL 32726**

Mailing Address
**100 W GOLF LINKS AVE
EUSTIS FL 32726**

2. Principal Place of Business

2816 BAY ST. S.

3. Mailing Address

100 W. GOLF LINKS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

Zip

32726

Country

USA

Zip

32726

Country

USA

4. FEI Number

52-2380862

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TILLIS, JOEL
100 W GOLF LINKS AVE
EUSTIS FL 32726**

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

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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<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 checked="" type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	Tillis, Joel
CITY-ST-ZIP	100 W. Golf Links Ave. Eustis, FL 32726
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	CHADWICK HARGIS (T)
CITY-ST-ZIP	730 HAAS RD. ATOKA, FL 32712
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	CORP RAYMOND (T)
CITY-ST-ZIP	110 WINGFIELD DR UMATILLA, FL 32784
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTINGTON, WARD (T)
STREET ADDRESS	PO BOX 3498
CITY-ST-ZIP	TANGERINE, FL 32777
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 **SIGNATURE REQUIRED TILLIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03

352 223-0695

Date

Daytime Phone #

CR2E037 (10/02)