

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90266 005 \*\*\*\*\*61.25

**DOCUMENT # N03022**

1. Entity Name

**UNION PARK CHRISTIAN CHURCH, INC.**



Principal Place of Business

**2119 N. DEAN ROAD  
ORLANDO FL 32817**

Mailing Address

**2119 N. DEAN ROAD  
ORLANDO FL 32817**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3378075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NELSON, JOHN  
240 KRAFT DR  
CASSELBERRY FL 32707**

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

*John R. Nelson*

(NOTE: Registered Agent signature required when reinstating)

**4/20/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASON, GARY</b>	
STREET ADDRESS	<b>3514 KRAMER LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806-6620</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>UNGRUHE, ANTHONY J</b>	
STREET ADDRESS	<b>2054 RIVER PARK ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCARTHY, THOMAS R JR.</b>	
STREET ADDRESS	<b>5036 GOLDENROD PLACE ROAD NORTH</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MYERS, MELVIN A</b>	
STREET ADDRESS	<b>1950 SOUTH TANNER ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32820</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, MARY ALICE</b>	
STREET ADDRESS	<b>9881 LAKE GEORGIA DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HENSLEY, THOMAS</b>	
STREET ADDRESS	<b>3555 FOX HOLLOW</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32829</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RIFENBERRY, JOHN</b>	
STREET ADDRESS	<b>2101 W LAKE BRANTLEY DR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UNGRUHE, ANTHONY J</b>	
STREET ADDRESS	<b>21703 HOBBY HORSE LANE</b>	
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, JOHN</b>	
STREET ADDRESS	<b>240 KRAFT DR</b>	
CITY-ST-ZIP	<b>CASSELBERRY, FL 32707</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MADDOX, JEFFERY D.</b>	
STREET ADDRESS	<b>3281 TWELVE OAKS DR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32706-6192</b>	<input type="checkbox"/> 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**

*John R. Nelson* **4/20/03 407-332-5020**

CR2E037 (10/02)