

2000 UNIFORM BUSINESS REPORT (UBR)

0111567
CR2E037 (5/00)

DOCUMENT # N10213
1. Entity Name
OSCEOLA CHURCH, INC.

FILED
00 DEC 19 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business
1700 E. IRLO BRONSON MEM. HWY.
KISSIMEE FL 34744

Mailing Address
P O BOX 451481
KISSIMEE FL 34745
US

2. Principal Place of Business
107 Lakeview Drive
Suite, Apt. #, etc.
St. Cloud

3. Mailing Address
Po Box 451481
Suite, Apt. #, etc.

City & State
St. Cloud FL

City & State
Kissimmee FL

Zip Country
34769 - USA

Zip Country
34745 - US

4. FEI Number **59-2557790**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HAYES, DANNY LUTHER
14581 VELLEUX DRIVE
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name **James Burkett**

Street Address (P.O. Box Number is Not Acceptable)
4774 Mallard Drive

City **ST CLOUD** FL Zip Code **34772**

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.

SIGNATURE James E. Burkett
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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	JAMES BURKETT	
STREET ADDRESS	4774 MALLARD DR	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYES, DANNY	
STREET ADDRESS	14581 VELLEUX DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEEL, JAMES M.	
STREET ADDRESS	112 LAKEVIEW DR	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	HAYES, William	<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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Burkett	
STREET ADDRESS	4774 Mallard Dr	
CITY-ST-ZIP	ST CLOUD	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Hayes	
STREET ADDRESS	107 Lakeview Dr	
CITY-ST-ZIP	St. Cloud FL 34769	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Keel	
STREET ADDRESS	112 Lakeview Dr	
CITY-ST-ZIP	St Cloud FL 34769	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juli Ricketts	
STREET ADDRESS	4770 Fanny Bass Rd	
CITY-ST-ZIP	St cloud FL 34771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500003526345--3	
CITY-ST-ZIP	-01/08/01--01013--016	
	****236.25 ****236.25	
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: James E. Burkett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #