

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10213

1. Entity Name
OSCEOLA CHURCH, INC.

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

Mailing Address
P O BOX 451481
KISSIMMEE FL 34745
US

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



2. Principal Place of Business
107 Lakeview Drive
Suite, Apt. #, etc.
St. Cloud
City & State
St. Cloud FL
Zip
34769 - Country
USA

3. Mailing Address
P O BOX 451481
Suite, Apt. #, etc.
City & State
Kissimmee FL
Zip
34745 Country
US

REINSTATEMENT

4. FEI Number
59-2557790

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
(NOTE: Registered Agent signature required when reinstating)

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|---------------------|---------------------------------|---|--------------------|--|
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES BURKETT | | NAME | James Burkett | |
| STREET ADDRESS | 4774 MALLARD DR | | STREET ADDRESS | 4774 Mallard Dr | |
| CITY-ST-ZIP | ST CLOUD FL 34772 | | CITY-ST-ZIP | ST CLOUD | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAYES, DANNY | | NAME | William Hayes | |
| STREET ADDRESS | 14581 VELLEUX DRIVE | | STREET ADDRESS | 107 Lakeview Dr | |
| CITY-ST-ZIP | ORLANDO FL 32837 | | CITY-ST-ZIP | St. Cloud FL 34769 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEEL, JAMES M. | | NAME | James Keel | |
| STREET ADDRESS | 112 LAKEVIEW DR | | STREET ADDRESS | 112 Lakeview Dr | |
| CITY-ST-ZIP | ST CLOUD FL | | CITY-ST-ZIP | St Cloud FL 34769 | |
| TITLE | HAYES, William | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Juli Rickerts | |
| STREET ADDRESS | | | STREET ADDRESS | 4770 Fanny Bass Rd | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | St Cloud FL 34771 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 # _____

011:567
CR2E037 (5/00)