

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90045 009 \*\*\*\*61.25

DOCUMENT # N41622

1. Entity Name

OSCEOLA CHRISTIAN CENTER, INCORPORATED P

Principal Place of Business

Mailing Address

RT. 2, BOX 306A  
 WAYCROSS GA 31503

RT. 2, BOX 306A  
 WAYCROSS GA 31503

80106193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1630 VINTAGE ST.  
 Suite, Apt. #, etc.

3. Mailing Address

1630 VINTAGE ST.  
 Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3051786

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALDRIDGE, SILAS B.  
 704 COLUMBIA AVE.  
 ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name: THERESA A. GORDON  
 Street Address (P.O. Box Number is Not Acceptable): 1630 VINTAGE ST.  
 City: KISSIMMEE  
 State: FL Zip Code: 34746

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: THERESA A. GORDON

*Theresa A. Gordon*

9/7/00

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	D	<input type="checkbox"/> Delete
NAME	ALDRIDGE, SILAS B.	
STREET ADDRESS	704 COLUMBIA AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRIDGE, MARY LOU	
STREET ADDRESS	704 COLUMBIA AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRIDGE, RONALD B	
STREET ADDRESS	1530 WOOD CROFT	
CITY-ST-ZIP	FT MILL SC	
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	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aldridge, Silas B.	
STREET ADDRESS	Rt. 2, Box 306A	
CITY-ST-ZIP	Waycross, GA 31503	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aldridge, Mary Lou	
STREET ADDRESS	Rt. 2, Box 306A	
CITY-ST-ZIP	Waycross, GA 31503	
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:

*Silas B. Aldridge*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Silas B. Aldridge 9/7/00 912-287-0824  
 Date Daytime Phone # 0824

CR2E037 (5/00)