

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90253 027 ****61.25

0082179

DOCUMENT # N41622

1. Entity Name

OSCEOLA CHRISTIAN CENTER, INCORPORATED

Principal Place of Business

**1630 VINTAGE STREET
 KISSIMMEE FL 34746**

Mailing Address

**1630 VINTAGE STREET
 KISSIMMEE FL 34746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3051786

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

ST. CLOUD

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDRIDGE, SILAS B.**
 CITY-ST-ZIP **704 COLUMBIA AVE.
 ST. CLOUD FL**

TITLE ☒ Change ☐ Addition
 NAME **Rt. 2, Box 306 A**
 STREET ADDRESS **Waycross, GA 31503**
 CITY-ST-ZIP **Waycross, GA 31503**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDRIDGE, MARY LOU**
 CITY-ST-ZIP **704 COLUMBIA AVE.
 ST. CLOUD FL**

TITLE ☒ Change ☐ Addition
 NAME **Rt. 2, Box 306 A**
 STREET ADDRESS **Waycross, GA 31503**
 CITY-ST-ZIP **Waycross, GA 31503**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALDRIDGE, RONALD B**
 CITY-ST-ZIP **1530 WOOD CROFT
 FT MILL SC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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* **Silas B. Aldridge** 4/17/01 912-287-0824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)