

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90065 012 ****61.25

DOCUMENT # N42626

1. Entity Name

THE RESTORATION CHURCH OF LAKE LAND, INC.

Principal Place of Business

6606 SOUTH FLORIDA AVENUE
 LAKE LAND FL 33813
 US

Mailing Address

P.O. BOX 6666
 LAKE LAND FL 33807-6666
 US

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

59-3056255

Applied For

Not Applicable

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

HOBGOOD, GLENN K
5933 WINDWOOD DR
LAKE LAND FL 33813

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.

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 **D** ☐ Delete
 NAME **HOBGOOD, GLEN K**
 STREET ADDRESS **5933 WINDWOOD DRIVE**
 CITY-ST-ZIP **LAKE LAND FL**

TITLE **Director** ☐ Change ☒ Addition
 NAME **James M. Nelson**
 STREET ADDRESS **910 Primrose Way**
 CITY-ST-ZIP **LAKE WALKES, FL 33853**

TITLE **D** ☒ Delete
 NAME **HOUGH, JAMES**
 STREET ADDRESS **1400 GRASSLANDS BLVD, #20**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Arthur Kretzer**
 STREET ADDRESS **309 Palencia Place**
 CITY-ST-ZIP **LAKE LAND FL 33803**

TITLE **D** ☒ Delete
 NAME **HOUGH, GENA**
 STREET ADDRESS **1400 GRASSLAND BLVD, #20**
 CITY-ST-ZIP **LAKE LAND FL 33813**

TITLE **Don Conder - Director** ☐ Change ☒ Addition
 NAME **Don Conder**
 STREET ADDRESS **2724 Shadywood Place**
 CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Glenn K. Hobgood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

863-648-2836

CR2E037 (9/01)