

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001941

1. Entity Name

WEST LAKELAND CHURCH OF CHRIST, INC.

Principal Place of Business

5020 OLD HWY 37
LAKELAND FL 33811
US

Mailing Address

PO BOX 964
LAKELAND FL 33802
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3181085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

PATTERSON, HENRY A
1253 GROVELAND LANE
LAKELAND FL 33811

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 PD ☐ Delete
NAME PATTERSON, HENRY A
STREET ADDRESS 1253 GROVELAND LN
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE D ☒ Delete
NAME WILLIS, JAMES
STREET ADDRESS 3520 COLLEEN DR
CITY-ST-ZIP LAKELAND FL 33810

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS WESTLEY GRABLE
CITY-ST-ZIP 1045 N. VERMONT AVE.
LAKELAND, FLORIDA 33803

TITLE S ☐ Delete
NAME PATTERSON, ROSIE L
STREET ADDRESS 1253 GROVELAND LANE
CITY-ST-ZIP LAKELAND FL 33811

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

TITLE D ☐ Delete
NAME GILBERT, PAUL
STREET ADDRESS 1511 HARTSELL AVE
CITY-ST-ZIP LAKELAND FL 33805

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: *Henry A. Patterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-02 863-701-2598

Date Daytime Phone #

004316

CR2E037 (9/01)