

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-03-2002 90054 030 ****61.25

DOCUMENT # N94000000249

1. Entity Name

DISCIPLES OF CHRIST RANCH, INC.

Principal Place of Business

Mailing Address

15526 NW 220TH ST.
 OKEECHOBEE FL 34972

P.O. BOX 1791
 OKEECHOBEE FL 34973

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

65-0531971

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

PEPPERS, WILLIAM E
1742 SW 22ND TERR
OKEECHOBEE FL 34973

Name

Peppers, Michael W.

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

1742 SW 22nd Terrace

City

Okeechobee

FL

Zip Code
34973

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

Rev. Michael W. Peppers President CEO 4/15/02

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 **PEPPERS, MICHAEL**
 CITY-ST-ZIP **P.O. BOX 1791 N/A**
OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT/CEO**
 STREET ADDRESS **Peppers, Michael W.**
 CITY-ST-ZIP **1742 SW 22nd Terr.**
Okeechobee FL 34973

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PEPPERS, PAMELA**
 CITY-ST-ZIP **P.O. BOX 1791 N/A**
OKEECHOBEE FL 34974

TITLE ☒ Change ☐ Addition
 NAME **Sec/Treas.**
 STREET ADDRESS **Peppers, Pamela M.**
 CITY-ST-ZIP **1742 SW 22nd Terr.**
Okeechobee FL 34973

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **PEPPERS, WILLIAMS E**
 CITY-ST-ZIP **PO BOX 254**
OKEECHOBEE FL 34973

TITLE ☒ Change ☒ Addition
 NAME **Vice Pres.**
 STREET ADDRESS **Brown, Mike G.**
 CITY-ST-ZIP **208 NE 2nd Str.**
Okeechobee FL 34973

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:

Michael W. Peppers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date
863-467-2635
 Daytime Phone #

CR2E037 (9/01)