

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90323 006 \*\*\*\*61.25

**DOCUMENT # N94000000349**

1. Entity Name

**OSCEOLA BIBLE CHAPEL, INC.**



Principal Place of Business

**4135 BERGAMONT COURT  
K  
KISSIMMEE FL 34746**

Mailing Address

**4135 BERGAMONT COURT  
K  
KISSIMMEE FL 34746**

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 **59-3227823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLETT, LESLIE P  
C/O DONALD E LEPIC  
4135 BERGAMONT COURT  
KISSIMMEE FL 34746**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **RAITH, R.J.**  
STREET ADDRESS **311 MEDINA COURT**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ Change ☒ Addition  
NAME **[Signature]**  
STREET ADDRESS **[Signature]**  
CITY-ST-ZIP **[Signature]**

TITLE **CTD** ☐ Delete  
NAME **LEPIC, DONALD E**  
STREET ADDRESS **4135 BERGAMONT CT.**  
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **TD** ☒ Change ☐ Addition  
NAME **[Signature]**  
STREET ADDRESS **[Signature]**  
CITY-ST-ZIP **[Signature]**

TITLE **D** ☐ Delete  
NAME **PLETT, LESLIE P**  
STREET ADDRESS **108 S. FORREST AVE.**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☒ Change ☐ Addition  
NAME **PLETT, LESLIE P**  
STREET ADDRESS **6 WISCONSIN AVE.**  
CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **D** ☐ Delete  
NAME **ALBERS, THOMAS G**  
STREET ADDRESS **3272 TIMUCA CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☒ Change ☐ Addition  
NAME **ALBERS, THOMAS G**  
STREET ADDRESS **1501 FULLERS CROSS RD**  
CITY-ST-ZIP **WINTER GARDEN FL 34737**

TITLE **D** ☐ Delete  
NAME **MYERS, BRYAN D**  
STREET ADDRESS **1050 HERON CT**  
CITY-ST-ZIP **POINCIANA FL 34759**

TITLE **CD** ☒ Change ☐ Addition  
NAME **[Signature]**  
STREET ADDRESS **[Signature]**  
CITY-ST-ZIP **[Signature]**

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:

**SIC Donald E Lepic**

**4/24/03**

**407 343-2624**

CR2E037 (10/02)