

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N94000001232

1. Entity Name

Onesiphorus Gospel of Christ

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2227 Chestnut Hill Dr.  
Suite, Apt. #, etc.  
Lakeland FL  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

33805

Polk

**2002 UBR**

4. FEENumber

59-3247397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Leo E. Dempsey Sr.

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

1506 Olive St.

City

Lakeland

FL

Zip Code

33801

**DO NOT WRITE  
IN THIS SPACE**

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

Leo E. Dempsey Sr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6-10-02

**FEE IS \$61.25**

**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>Dempsey, Leo E Sr</u> <u>2227 Chestnut Hill Dr.</u> <u>Lakeland, FL 33805</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/D</u> <u>Dempsey, Mary</u> <u>2227 Chestnut Hill Dr.</u> <u>Lakeland FL 33805</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D</u> <u>Dawn Dempsey</u> <u>2227 Chestnut Hill Dr.</u> <u>Lakeland FL 33805</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>Kimberly N. Dempsey</u> <u>2227 Chestnut Hill Dr.</u> <u>Lakeland FL 33805</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>Sophia Dempsey</u> <u>2227 Chestnut Hill Dr.</u> <u>Lakeland FL 33805</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Bababq Evans</u> <u>2229 Chestnut Hill Dr.</u> <u>Lakeland FL 33805</u>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100005977981--8</u> <u>06/25/02 01046 018</u> <u>*****61.25 *****61.25</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pastor Leo E. Dempsey Sr. 6/10/02 (863) 682-0778

CR2E037B (12/01)