

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001775

1. Entity Name

CROSSLAND CHRISTIAN BIBLE COLLEGE, INC.

FILED

May 29, 2002 8:00 am  
Secretary of State

05-29-2002 93647 026 \*\*\*\*70.00

Principal Place of Business

1025 SOUTH SEMORAN BLVD.  
BLDG. 1 SUITE 115  
WINTER PARK FL 32792

Mailing Address

1744 LAFAYETTE COURT  
ORLANDO FL 32807  
US

2. Principal Place of Business

3. Mailing Address

900 Chickasaw Tr., S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

4. FEI Number

59-3392299

Applied For

Not Applicable

Zip

Country

Zip

Country

32825 ORANGE

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

WOLFORD, JOYCE  
1744 LAFAYETTE COURT  
ORLANDO FL 32807

Name

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

900 Chickasaw Tr., S

City

Orlando

FL

Zip Code

32825

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 CHAMBERS, KATHERINE  
STREET ADDRESS 8121 PUFFIN DRIVE  
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE D ☐ Delete  
NAME BULLARD, MILTON  
STREET ADDRESS 6006 DANABE WAY  
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☐ Delete  
NAME SEXTON, WILLIAM  
STREET ADDRESS 3134 WOODHAFF DRIVE  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE D ☐ Delete  
NAME WOLFORD, JOYCE  
STREET ADDRESS 1744 LAFAYETTE CT  
CITY-ST-ZIP ORLANDO FL 32807

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)