

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90133 026 \*\*\*\*\*62.25

0065784

**DOCUMENT # N94000004533**

1. Entity Name

**LAKELAND AREA MINISTERIAL ASSOC. INC.**

Principal Place of Business

% ALL SAINTS EPISCOPAL  
 209 SOUTH IOWA AVENUE  
 LAKELAND FL 33801

Mailing Address

CARPENTER'S HOME CHURCH  
 777 CARPENTER'S WAY  
 LAKELAND FL 33809

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

**NOT APPLICABLE**

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

**AUTRY, DONNA S**  
**2810 CHATSWORTH LANE**  
**LAKELAND FL 33813**

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.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP TAYLOR, JOHN G 730 S FLORIDA AVE LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, H. HASKELL 6314 BRAHAM DR LAKELAND FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, AL 209 S IOWA AVE LAKELAND FL 33801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL MEYER 211 EASTON DR LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CRAIG SHEROUSE 1736 NEW JERSEY RD LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Donna Autry 2810 Chatsworth Ln Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Vincent Shannon 1345 N Webster Ave Lakeland, FL 33805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephen R. Strader 777 Carpenter's Way Lakeland, FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

STEPHEN R. STRADER 4-26-01

Date

Daytime Phone #

863-  
 359-1477  
 X355

CR2E037 (10/00)