

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90182 021 \*\*\*\*61.25

**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 **DP** ☒ Delete  
 NAME **AUTRY, DONNA**  
 STREET ADDRESS **2810 CHATSWORTH LANE**  
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **DR** ☒ Change ☐ Addition  
 NAME **SHANNON, VINCENT**  
 STREET ADDRESS **1345 N. WEBSTER AVENUE**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **DT** ☒ Delete  
 NAME **SHANNON, VINCENT**  
 STREET ADDRESS **1345 N WEBSTER AVENUE**  
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **DT** ☒ Change ☐ Addition  
 NAME **DONNA AUTRY**  
 STREET ADDRESS **2810 CHATSWORTH LANE**  
 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **SD** ☒ Delete  
 NAME **STRADER, STEPHEN R**  
 STREET ADDRESS **777 CARPENTER'S WAY**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **SPAL** ☒ Change ☐ Addition  
 NAME **JENKINS**  
 STREET ADDRESS **209 SOUTH IOWA AVENUE**  
 CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE **SD** ☒ Delete  
 NAME **RUSSELL MEYER**  
 STREET ADDRESS **211 EASTON DR**  
 CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE **DVP** ☒ Delete  
 NAME **CRAIG SHEROUSE**  
 STREET ADDRESS **1736 NEW JERSEY RD**  
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **DVP** ☒ Change ☐ Addition  
 NAME **STEPHEN R. STRADER**  
 STREET ADDRESS **777 CARPENTER'S WAY**  
 CITY-ST-ZIP **LAKELAND, FL 33809**

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)