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Mar 06, 1999 8:00 am
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03-06-1999 90061 048 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002552

1. Corporation Name

BUCKHEAD RIDGE CHRISTIAN CHURCH, INC.

Principal Place of Business

HIGHWAY 78
OKEECHOBEE FL 34974

Mailing Address

2153 SW 1ST WAY
OKEECHOBEE FL 34974



2. Principal Place of Business

21 21300 Linda Gardens Rd. N.E.
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 2795
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/06/1996

4. FEI Number

59-3423733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

City & State

23 Okeechobee FL

City & State

28 Okeechobee FL

Zip

24 34974

Country

Zip

29 34973

Country

30

9. Name and Address of Current Registered Agent

TYLER, JAMES N
301 N. PARROTT AVE.
OKEECHOBEE FL 34973

10. Name and Address of New Registered Agent

81 Name
THEODORE KELCHNER
82 Street Address (P.O. Box Number is Not Acceptable)
2062 SW 18TH LANE
83
84 City
Okeechobee FL 85 Zip Code
34974

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Theodore Kelchner Theodore Kelchner

2-21-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME BARBER, WILLIAM
STREET ADDRESS 26 6TH ST
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE DV ☐ DELETE
NAME ROOSA, EARL
STREET ADDRESS 135 CHOBEE LOOP
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE DST ☐ DELETE
NAME KELCHNER, THEODORE
STREET ADDRESS 2062 SW 18TH LANE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore Kelchner THEODORE KELCHNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)