

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90077 037 *****61.25

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1. Entity Name

BUCKHEAD RIDGE CHRISTIAN CHURCH, INC.



Principal Place of Business

**21300 LINDA GARDENS RD. NE
OKEECHOBEE FL 34974**

Mailing Address

**P.O. BOX 2795
OKEECHOBEE FL 34973**

2. Principal Place of Business

3 Linda Rd

Suite, Apt. #, etc.

3. Mailing Address

3 Linda Rd.

Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

Country

34974 Okeechobee

Zip

Country

34974 Okeechobee

4. FEI Number **59-3423733**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KELCHNER, THEODORE
2062 SW 18TH LANE
OKEECHOBEE FL 34974**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **FRENCH, THOMAS**
STREET ADDRESS **25 LIME ST**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE **DV** ☒ Delete
NAME **ALTICE, RONALD**
STREET ADDRESS **7375 SW 9TH ST**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **AITICE, RONALD**
STREET ADDRESS **7375 SW 9TH ST**
CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **DV** ☐ Change ☒ Addition
NAME **KEITH GRIFFIN**
STREET ADDRESS **26 CANAL WAY**
CITY-ST-ZIP **Okeechobee, FL 34974**

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

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

TITLE ☐ Change ☐ Addition
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:

THEODORE KELCHNER

4-8-3 (888) 467-4473

CR2E037 (10/02)