

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000001060**

1. Entity Name

BIBLEWAY LIGHTHOUSE CHURCH OF CHIPLEY, INC.

Principal Place of Business

**1043 HWY 90 E
CHIPLEY FL 32428
US**

Mailing Address

**PO BOX 53
CHIPLEY FL 32428
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3432080**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITE, LLOYD G
1578 HIGHWAY 90 WEST
CHIPLEY FL 32428**

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WHITE, LLOYD G**
STREET ADDRESS **1578 HIGHWAY 90 WEST**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **VPD** ☐ Delete
NAME **WHITE, ONA F**
STREET ADDRESS **1578 HIGHWAY 90 WEST**
CITY-ST-ZIP **CHIPLEY FL 32428**TITLE **STD** ☐ Delete
NAME **WHITE, STEPHEN R**
STREET ADDRESS **3646 YATES SETTLEMENT ROAD**
CITY-ST-ZIP **CARYVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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:

Lloyd G White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-20-2002 (850) 638-4878**
Date Daytime Phone #**FILED**
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90065 008 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)