

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90658 025 ****61.25

DOCUMENT # N97000003790

1. Entity Name

GLORY LAND WAY COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

1414 RIDGE LAKE CT
 LAKE LAND FL 33805

1414 RIDGE LAKE CT
 LAKE LAND FL 33805
 US

2. Principal Place of Business

3. Mailing Address

5115 Socrum Loop Rd #75

5115 N. Socrum Loop Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 75

#75

City & State

City & State

Lakeland FL

Lakeland FL

Zip

Zip

33809

33809

Country

Country

POIK

POIK

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCK, EDWARD J
 1414 RIDGE LAKE CT
 LAKE LAND FL 33801

Name Vickie S. Rock

Street Address (P.O. Box Number is Not Acceptable)

5115 N. Socrum Loop Rd
 #75

City Lakeland

FL

Zip Code 33809

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

Vickie S. Rock

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-02

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	<input checked="" type="checkbox"/> Delete
NAME	ROCK, EDWARD J	
STREET ADDRESS	1414 RIDGE LAKE CT	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROCK, ANGELA	
STREET ADDRESS	116 W. TOM COSTINE RD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOHRUN, JOHNNIE	
STREET ADDRESS	999 SW 16TH AVE, #5	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRONG, BRENDA	
STREET ADDRESS	8114 OXBORNE LANE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ROCK, VICKIE S	
STREET ADDRESS	1414 RIDGE LAKE CT	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORMAN, PHILLIP	
STREET ADDRESS	1723 ROTARY DR	
CITY-ST-ZIP	LAKELAND FL 33801	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vickie S. Rock	
STREET ADDRESS	5115 N. Socrum Loop Rd #75	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Acosta	
STREET ADDRESS	5115 N. Socrum Loop Rd #75	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy Acosta	
STREET ADDRESS	5115 N. Socrum Loop Rd #75	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Vickie S. Rock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vickie S. Rock 4-23-02 863-815-7864

Date

Daytime Phone #

CR2E037 (9/01)