2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004860

1. Entity Name

WAUCHULA WORSHIP CENTER, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90014 022 ****61.25

Principal Place of Business	Mailing Address
102 NORTH 6TH AVENUE WAUCHULA FL 33873	102 NORTH 6TH AVENUE WAUCHULA FL 33873-2714

DO NOT WRITE IN THIS SPACE

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 65-0859565 ☐ 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
PATRICK, STEPHEN L 102 NORTH 6TH AVENUE WAUCHULA FL 33873	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 Stephen Patrick 1/17/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PATRICK, STEPHEN L 102 NORTH 6TH AVENUE WAUCHULA FL 33873	☐ Delete	D Jacob Spear 4036 CR 665 Ona, FL. 33865	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCDONALD, WILLIAM H 1761 STATE ROAD 60 EAST VALRICO FL 33594	☐ Delete	D Daniel Southwell 614 Dixion St. Fort meade, FL. 33841	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PATRICK, JEANNIE F 102 NORTH 6TH AVENUE WAUCHULA FL 33873	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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 another like empowered.

SIGNATURE: Stephen Patrick Stephen Patrick 1/17/00 863-773-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #