

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90282 035 \*\*\*\*61.25

**DOCUMENT # N98000004860**

1. Entity Name

**WAUCHULA WORSHIP CENTER, INC.**

Principal Place of Business

**102 NORTH 6TH AVENUE  
 WAUCHULA FL 33873**

Mailing Address

**102 NORTH 6TH AVENUE  
 WAUCHULA FL 33873**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0859565**

Applied For

Not Applicable

Zip

Country

Zip

Country

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*

**01-10-01**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	PATRICK, STEPHEN L 102 NORTH 6TH AVENUE WAUCHULA FL 33873		
VPD	MCDONALD, WILLIAM H 1761 STATE ROAD 60 EAST VALRICO FL 33594		
STD	PATRICK, JEANNIE F 102 NORTH 6TH AVENUE WAUCHULA FL 33873		
D	SPEAR, JACOB 4036 CR 665 ONA FL 33865	D	Jackie McDonald 1761 State Road 60 East Valrico, FL. 338594
D	SOUTHWELL, DANIEL 614 DIXON ST. FORT MEADE FL 33841	D	Jay Wells 3342 merle Luryfitt Rd. 2066 Springs, FL. 33890

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:

*SIGNATURE REQUIRED*

**1/2/01 863-773-2929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)