

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745728

1. Entity Name

OAK TERRACE MENNONITE CHURCH, INC.

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90636 036 ****61.25

Principal Place of Business

22ND STREET
 BLOUNTSTOWN FL

Mailing Address

RT 1 BOX 31
 BLOUNTSTOWN FL 32424
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Blountstown FL

Blountstown

Zip

Country

Zip

Country

32424 USA

32424

US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKINNER, PAM
 139 WARREN STREET
 BLOUNTSTOWN FL 32424

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 \$61.25

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 SKINNER, PAM ☐ Delete
 STREET ADDRESS 139 WARREN STREET
 CITY-ST-ZIP BLOUNTSTOWN FL 32424

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

D
 TITLE
 NAME SHETLER, MERLE ☐ Delete
 STREET ADDRESS RT 1 BOX 38
 CITY-ST-ZIP BLOUNTSTOWN FL

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

D
 TITLE
 NAME SMITH, WILLARD ☐ Delete
 STREET ADDRESS RT 1 BOX 138
 CITY-ST-ZIP BLOUNTSTOWN FL

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

☐ Delete
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☐ Change ☐ Addition
 TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)