

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90048 039 \*\*\*\*61.25

**DOCUMENT # 706512**

1. Entity Name

**FIRST CHRISTIAN CHURCH OF MERRITT ISLAND, FLORID  
A, INC.**

Principal Place of Business

Mailing Address

**1750 NORTH COURTENAY PARKWAY  
POST OFFICE BOX 541067  
MERRITT ISLAND FL 32954**

**1750 NORTH COURTENAY PARKWAY  
POST OFFICE BOX 541067  
MERRITT ISLAND FL 32954**

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

**59-1171942**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, JAVIER  
1750 NORTH COURTENAY PARKWAY  
MERRITT ISLAND FL 32954**

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  Delete  
NAME **PT DIAZ, JAVIER**  
STREET ADDRESS **1425 VICTORIA DR**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VT JUSTICE, RICHARD M**  
STREET ADDRESS **1695 SILVERADO DR.**  
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TT THEORET, DENNIS**  
STREET ADDRESS **C/O 1750 N. COURTENAY PKWY.**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **ST FULLER, GLENN**  
STREET ADDRESS **335 BELAIR AVE**  
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/02**

Date

Daytime Phone #

CR2E037 (9/01)