2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 715176** Jan 22, 2000 8:00 am 1. Entity Name **Secretary of State** CHRIST CHURCH, UNITY, OF ORLANDO, FLORIDA 01-22-2000 90024 007 ****61.25 Principal Place of Business Mailing Address 503-SOUTH ORANGE-AVENUE 771 HOLDEN AVE ORLANDO FL 32839 ORLANDO FL: 32839-2053 -IIS 2. Principal Place of Business 3. Mailing Address 771 HOLDEN AVENUE 71 HOLDEN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable ORLANDO Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHLAEFER, PHILIP 771 HOLDEN AVE. 503 S ORANGE AVE ORLANDO, FC 32839 ORLANDO FL-32801-City 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 Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10. TREASURER **Addition** TITLE M Delete TITLE GRAVES, KOKANNE SHELLHAMMER, JEFF NAME NAME 4700 CRANSTON PLACE STREET ADDRESS 1770 NORDIC COURT STREET ADORESS CITY-ST-ZIP GRLANDO, FL 32812 CITY-ST-ZIP apopka fl □ Change TITLE Delete TITLE TEER, ELLIS NAME STREET ADDRESS STREET ADDRESS 1247 HENRY BEACH DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Addition Change TITLE DIRECTOR Delete TITLE _ KAMOS, ALINDA ORLANDO, RIVERA NAME NAME 1134 POINTE NEWPORT STREET ADDRESS TERRACE, # 210 STREET ADDRESS 1413 KURUME ST CITY-ST-ZIP CASSELBERRY CITY-ST-ZIP ORLANDO FL Change ☐ Addition TITLE Delete TITLE NAME WRIGHT, PATRICIA NAME STREET ADDRESS STREET ADDRESS 977 EAGLE FOREST DRIVE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL Change ☐ Addition ☐ Delete TITLE NAMÉ NAME AMARAL, MONA STREET ADDRESS STREET ADDRESS 3104 HARRISON AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE TITLE NAME VICKERS, RICK NAME STREET ADDRESS 1710 ANTIGUA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806 12. I hereby certify that the information supplied with this filling 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.