

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90015 034 \*\*\*\*61.25

**DOCUMENT # 732528**

1. Entity Name

**FLORIDA COUNCIL OF CHURCHES, INC.**

Principal Place of Business

Mailing Address

924 N MAGNOLIA AVE #236  
 ORLANDO FL 32803-3845

924 N MAGNOLIA AVE #236  
 ORLANDO FL 32803-3845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

924 N. Magnolia

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

City & State

Orlando, FL 32803-3845

City & State

4. FEI Number

59-0782450

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

MORRIS, FRED REV  
 924 N MAGNOLIA AVE., #236-304  
 ORLANDO FL 32803

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

*Fred Morris*

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 P  
 SNOWDEN, BARRY DR  
 STREET ADDRESS PO BOX 196125  
 CITY-ST-ZIP WINTER PARK FL

TITLE  Change  Addition  
 NAME President  
 CLARKE CAMPBELL-EVANS  
 STREET ADDRESS PO Box 144880  
 CITY-ST-ZIP Coral Gables, FL 33114

TITLE  Delete  
 NAME PF  
 MITCHELL, MOZELLA  
 STREET ADDRESS PO BOX 1855  
 CITY-ST-ZIP WINTER SPRINGS FL 33509

TITLE  Change  Addition  
 NAME Harvey Jenkins VP  
 STREET ADDRESS Harvey Jenkins  
 848 Jenks Ave  
 CITY-ST-ZIP Panama City, FL 32401

TITLE  Delete  
 NAME S  
 LIVERING, CYNTHIA  
 STREET ADDRESS 5614 CORONADO COURT  
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE  Change  Addition

TITLE  Delete  
 NAME T  
 CRAMER, ROBERT L  
 STREET ADDRESS 2107 TUSCARORA TRAIL  
 CITY-ST-ZIP MATTLAND FL 32707

TITLE  Change  Addition

TITLE  Delete  
 NAME D  
 THOMAS, STEVEN  
 STREET ADDRESS 465 W FOREST HILL BLVD  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE  Change  Addition

TITLE  Delete  
 NAME D  
 MORRIS, FRED REV  
 STREET ADDRESS 924 N MAGNOLIA #236  
 CITY-ST-ZIP ORLANDO FL 32803

TITLE  Change  Addition

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:

*Fred Morris*  
**SIGNATURE REQUIRED**

1/9/02 407-839-3454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)