

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737608

1. Entity Name

H. T. CHRISTIAN CENTER, INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91488 032 \*\*\*\*61.25

93081



DO NOT WRITE IN THIS SPACE

|                                                                                        |                   |                                                                                          |  |
|----------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------|--|
| Principal Place of Business<br>820 N. 11TH STREET<br>P.O. BOX 1033<br>PALATKA FL 32178 |                   | Mailing Address<br>820 N. 11TH STREET<br>P.O. BOX 1033<br>PALATKA FL 32178               |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                  |                   | 3. Mailing Address<br>P.O. Box 1033<br>Suite, Apt. #, etc.                               |  |
| City & State<br>Palatka, Fla.                                                          |                   | 4. FEI Number<br>05-0026100                                                              |  |
| Zip<br>32178                                                                           | Country<br>Putnam | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|                                                                                                             |  |                                                                                                                                  |  |
|-------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br>HALL, GREGORY K<br>716 N 19TH STREET<br>PALATKA FL 32177 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MURRAY, AMOS JR. <input type="checkbox"/> Delete<br>716 N. 19TH STREET<br>PALATKA FL                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MURRAY, RUTHA MAE <input type="checkbox"/> Delete<br>716 N. 19TH STREET<br>PALATKA FL                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | FSD<br>HUGHES, ROSIE L. <input checked="" type="checkbox"/> Delete<br>101 WOODS ROAD<br>SAN MATEO FL           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | FSD<br>EVELYN V. ESAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>151 VINE STREET<br>EAST PALATKA, FLA 32131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>WORD, LUGENE <input type="checkbox"/> Delete<br>RT. 8, BOX 363, 108 PHILLIPS DAIRY RD<br>PALATKA FL 32177 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | RS<br>CURRY, VIVIAN <input checked="" type="checkbox"/> Delete<br>720 NORTH 11TH STREET<br>PALATKA FL 32177    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>SINGLETON, HENRIETTA <input type="checkbox"/> Delete<br>891 NORTH CLAY STREET<br>ST. AUGUSTINE FL         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Rutha Mae Murray*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

386-328-5594

Date

Daytime Phone #

CR2037 (9/01)

Attachment  
93081  
#737608

Please delete ~~Resie~~ L. Hughes and replace with  
Evelyn V. Isaw. This has been overlooked 2 times.

Thanks,  
Luthe Mae Murray