

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90231 031 \*\*\*\*61.25

0064645

**DOCUMENT # 748826**

1. Entity Name

**THE PREACHING OF THE CROSS, INC.**



Principal Place of Business

**223 N. RIDGEWOOD AVE.  
P.O. BOX 868  
EDGEWATER FL 32132-1707**

Mailing Address

**P.O. BOX 868  
EDGEWATER FL 32132-1707**

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 **59-1977709**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRANNON, MARK  
3215 SABAL PALM  
EDGEWATER FL 32132**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **TODD, FUHRMANN**  
STREET ADDRESS **117 WILKINSON AVE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **V** ☐ Delete  
NAME **PORTA, SCOTT**  
STREET ADDRESS **211 DALE AVE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **S-** ☐ Delete  
NAME **BRANNON, JEAN**  
STREET ADDRESS **3215 SABAL PALM**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **T** ☐ Delete  
NAME **PORTA, JENNIFER**  
STREET ADDRESS **211 DALE AVE**  
CITY-ST-ZIP **EDGEWATER FL 32132**

TITLE **D** ☐ Delete  
NAME **JONES, CAREN**  
STREET ADDRESS **2620 PINE TREE DR**  
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☐ Delete  
NAME **BETHEA, DAVID**  
STREET ADDRESS **1418 NEEDLE PALM DR**  
CITY-ST-ZIP **EDGEWATER FL 32132**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

*Jennifer Porta*  
**PORTA, JENNIFER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**425-03**

**386-428-7417**

Date

Daytime Phone #

CR2E037 (10/02)