

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90480 027 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 755923

1. Entity Name
POINCIANA CHRISTIAN CHURCH, INC.

Principal Place of Business Mailing Address
4900 PLEASANT HILL RD. 4900 PLEASANT HILL RD.
KISSIMMEE FL 34759 KISSIMMEE FL 34759-3430

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 Applied For
59-2253302 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NOLL, GEORGE D
1746 WESTERN REDWOOD AVE
KISSIMMEE FL 34758

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--------------------------|---|---|
| TITLE | ECBD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TARANGER, NILS | NAME | |
| STREET ADDRESS | 2335 PINE TREE COURT | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | CITY-ST-ZIP | |
| TITLE | TD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEVE PETROULAKIS | NAME | |
| STREET ADDRESS | 738 YUCATAN CT | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | CITY-ST-ZIP | |
| TITLE | EDVC | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOGAN, ED | NAME | |
| STREET ADDRESS | 3000 PINERIDGE CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | CITY-ST-ZIP | |
| TITLE | DD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COPP, ROBERT | NAME | |
| STREET ADDRESS | 807 NELSON DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | CITY-ST-ZIP | |
| TITLE | ED | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NOLL, GEORGE D. | NAME | |
| STREET ADDRESS | 1746 WESTERN REDWOOD AVE | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL | CITY-ST-ZIP | |
| TITLE | DSD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JIM SULLIVAN | NAME | |
| STREET ADDRESS | 1734 CONIFER AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | 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** 4/17/2000 407-653-5241

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)