2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # 755923 POINCIANA CHRISTIAN CHURCH, INC. 05-11-2001 90051 044 ****61.25 Principal Place of Business Mailing Address 4900 PLEASANT HILL RD. 4900 PLEASANT HILL RD. KISSIMMEE FL 34759 KISSIMMEE FL 34759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2253302 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NOLL, GEORGE D 1746 WESTERN REDWOOD AVE KISSIMMEE FL 34758 City Zip Code FL 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: 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **ECBD** TITLE TITLE CR2E037 (10/00) Delete Change ☐ Addition TARANGER, NILS NAME NAME 2335 PINE TREE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP TITLE Delete TITLE Change Addition STEVE PETROULAKIS NAME NAME 738 YUCATAN CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34758 CITY-ST-ZIP EDVC Delete TITLE TITLE Change ☐ Addition HOGAN, ED NAME NAME STREET ADDRESS 3000 PINERIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL City-St-Zie DD ☐ Delete TITLE TITLE ☐ Change ☐ Addition COPP. ROBERT NAME NAME STREET ADDRESS 807 NELSON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ED TITLE ☐ Delete TITLE ☐ Change ☐ Addition NOLL, GEORGE D. NAME NAME 1746 WESTERN REDWOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP DSD ☐ Delete TITLE TITLE ☐ Change ☐ Addition JIM SULLIVAN NAME STREET ADDRESS 1734 CONIFER AVENUE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34758 CITY-ST-7IP 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 trusted 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 accuracy with all the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-658-5241