

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90009 028 ****61.25

DOCUMENT # C99000000002

1. Entity Name
THE CHURCH WARDENS AND VESTRYMEN OF CHRIST'S CHU

Principal Place of Business Mailing Address
18 WEST WRIGHT STREET **18 WEST WRIGHT STREET**
PENSACOLA FL 32501 **PENSACOLA FL 32501-4830**

616673



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-0678767 Not Applicable

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

6. Name and Address of Current Registered Agent
KARADIN, KENNETH A
18 WEST WRIGHT STREET
PENSACOLA FL 32501

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: *[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	D	<input type="checkbox"/> Delete
NAME	CURRIN, B. MADISON	
STREET ADDRESS	510 N. 20 AVE	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARADIN, KENNETH A	
STREET ADDRESS	1118 N. BAYLEN ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COOPER, GEORGE	
STREET ADDRESS	4201 REYNOSA DR.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINES, ROBERT P	
STREET ADDRESS	8839 BURNING TREE RD.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	YONGE, H. MATTHEW	
STREET ADDRESS	18 LAKESIDE DR.	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEGATE, NEIL	
STREET ADDRESS	14 HIGHPOINT DR.	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cooper, George	
STREET ADDRESS	8740 Scenic Hwy.	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaines, Robert P.	
STREET ADDRESS	8839 Burning Tree Rd.	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quina, Carter	
STREET ADDRESS	284 W. Gonzalez St.	
CITY-ST-ZIP	Pensacola, FL 32501	

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]* **CURRIN** 2/10/00 850-432-5115
 Signature and typed or printed name of signing officer or director Date Daytime Phone #