

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90111 039 ***150.00

DOCUMENT # H49928
 1. Entity Name
CHURCH STREET CENTER, INCORPORATED

Principal Place of Business Mailing Address
2484 NEWFOUND HARBOR DR **2484 NEWFOUND HARBOR DR**
MERRITT ISLAND FL 32952 **MERRITT ISLAND FL 32952-2870**

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 **59-2537983** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PRITCHETT, CAREY
2484 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent
 Name **RALPH R. DUNNING**
 Street Address (P.O. Box Number is Not Acceptable)
2584 NEWFOUND HARBOR DRIVE
 City **MERRITT ISLAND** **FL** Zip Code **32952**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME	STD PRITCHETT, CAREY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2484 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE NAME	PD DUNNING, RALPH R.	<input type="checkbox"/> Delete
STREET ADDRESS	2584 NEWFOUND HARBOR DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STD PRITCHETT, NELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MERRITT ISLAND	
CITY-ST-ZIP	FL 32952	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED** **RALPH R. DUNNING** **321 452-8851**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #