2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007584

1. Entity Name

MANATEE RV PARK COMMUNITY CHURCH, INC.

***************************************		Official into	
Principal Place of Busin	ess	Mailing Address	

FILED Aug 26, 2002 8:00 am Secretary of State 08-26-2002 90068 003 ****70.00

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Principal Pla	ce of Busines	S	Maili	ing Address									
6302 U.S. HIGHWAY 41 SOUTH LOT 216 PALMETTO FL 34221			6302 U.S. HIGHWAY 41 SOUTH LOT 216 PALMETTO FL 34221				B 0135248						
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2. Principal	Place of Busin	ness	3. Ma	ailing Address									
Suite, Apt	t. #, etc.		s	uite, Apt. #, etc.					DO NOT WRIT	E IN THIS	SPACE		
City & Sta	210		1/	Sh. O Cana									_
Ony di Old				lity & State . LSK (N	FL.			FEI Number 6 - 000	25668	·		pplied For ot Applicable	<u>, </u>
Zip		Country		ip 570	Cou	intry 15 A	5 .	Certificate of St		9	\$8.75 Ad	ditional	7
<u> </u>	6. Name	and Address of Cur	rrent Register			1 1 7		Name and Add	rone of Now B		Fee Require	9 a	4
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ALCTADT	ELOVO K				}	Street Ac	ddress (P.O. 6	Box Number is I	Vot Acceptable	<u> </u>			\dashv
	, FLOYD K HIGHWAY	41 SOUTH LOT 21	16		 -								4
	O FL 34221	., 000,,, 20, 2,											
	•				İ	City	LSKIN	}	•	FL	Zip Coc	1e 70	7
8. The above	e named entit	y submits this stateme	ent for the purp	oose of changing i	its registere	d office or	registered ag	jent, or both, in	the State of Flo	rida. Lam	familiar with.	and accept	7
trie obliga	tions of legist	ered agent.	n d	A									
SIGNATURE	<u> </u>	yd K. 1	Uslad	<u>{</u>						8-20	0-02		
(Signature, typed	or printed name of registered	agent and title if ap	plicable. (NO	OTE: Registered	Agent signatur	re required when re	einstating)		DATE			
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		ember 13, 2002,		9. Election C		Ξ,		00 мау Ве			k Payable		
		ember 13, 2002, I be \$236.25.		1	ampaign Fi I Contributio	Ξ,		00 May Be od to Fees			k Payable nt of State		
10.			D DIRECTORS	Trust Fund		Ξ,	└ Adde	d to Fees	D	epartme	nt of State	9	
10.	min. wil	OFFICERS AND	D DIRECTORS	Trust Fund	! Contributio	on. [└ Adde	ions/change	D	epartme	nt of State	9	(60)
10. TITLE NAME	min. wil	OFFICERS AND		Trust Fund	11. TITLE NAME	on. [ADDIT	ONS/CHANGE	D STO OFFICER	epartme	RECTORS IN	1 10	4
10.	DEAN 6302	OFFICERS AND WEBORG U.S. 415	.o # A I	Trust Fund	11. TITLE NAME STREE	on. [ADDIT CHAIR FLOYD 6302	IONS/CHANGE	D STADT HI SO	epartme	RECTORS IN	1 10	4
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEAN 6302	OFFICERS AND OFFICERS AND U.S. 415		Trust Fund	11. TITLE NAME STREE CITY-S	on. [ADDIT	IONS/CHANGE	D STO OFFICER	epartme	nt of State RECTORS IN ☑ Change	1 10 Addition	B2E037 (4/02)
10. TITLE NAME STREET ADDRESS	DEAN 6302 Rusk	OFFICERS AND OFFICERS AND WEBORG U.S. 41 5 I.N. FL	0 # A 1 33570	Trust Fund	11. TITLE NAME STREE	T ADDRESS ST-ZIP	ADDIT CHAIR FLOYD 6302	IONS/CHANGE	D STADT HI SO	epartme	RECTORS IN	1 10	2F037 (4)
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Min. will DEAN 6302 Rusk MARG 6302	OFFICERS AND OFFICERS AND WEBORG U.S. 41 S IN, FL ARET BE U.S. 41	0 # A 1 33570 714470 50 #A	Trust Fund	11. TITLE NAME STREE CITY-STITLE NAME	T ADDRESS ST-ZIP	ADDIT CHAIR FLOYD 6302	IONS/CHANGE	D STADT HI SO	# 21	nt of State RECTORS IN ☑ Change	1 10 Addition	2F037 (4)
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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:

8-20-02 813 641-2414