2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03213

1. Entity Name

1. Entity Na	RD STREET CHURCH OF C	CHRIST, INC.				01-09-2003 9005	59 003 ****	61.25	
LIPFORD. CHARLES. E LIPF 626 EAST CONCORD STREET 626		ORLANDO FL 32803	IPFORD, CHARLES, E 26 EAST CONCORD STREET RLANDO FL 32803						
2. Principal	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			HECK HERE IF MAK	ING CHANGES	5	
City & Sta	ate	City & State	City & State		4. FEI Number 59-2400073 Applied For				
Zip Country		Zip	Cor	untry	5. Certificate of Sta		\$8.75 Ac		
	6. Name and Address of Curre	ent Registered Agent			7 1		Fee Require	ed	
···	J. Hamo and Address of Curre	viv Hodistoren Wähllt	 <u></u>	Name	/. Name and Addr	ess of New Register	ed Agent		
LIPEOR	D, CHARLES E								
626 EAS	ST CONCORD STREET DO FL 32803		Street Address (I			(P.O. Box Number is Not Acceptable)			
				City		F	Zip Cod	de	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Registere	d Agent signature rec	quired when reinstating)	DAT	E		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	110	
TITLE	D	☐ Delete TIT					☐ Change	Addition	
NAME	SMEAD, ARNOLD	DIAD DD							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS				}	
			CITY-	ST-ZIP					
TITLE NAME	D CHARLES E	IDEODO CHADI CO E					☐ Change	☐ Addition	
STREET ADDRESS	204 MADINED WAY		NAME						
CITY-ST-ZIP-				et address St-zip					
TITLE	PD				-				
NAME	CAWTHON, BOB	C Deleté	TITLE NAME	I			☐ Change	☐ Addition	
STREET ADDRESS	10341 ARBOR RIDGE TR			T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32817		CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	_			☐ Change	Addition	
NAME		-	NAME				∟ Jimig¢	Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		<u>.</u>	CITY-:	ST-ZIP				İ	
TITLE		☐ Delete	TITLE			<u>.</u>	☐ Change	Addition	
NAME STREET ADDRESS			NAME				-		
CITY-ST-ZIP				T ADDRESS					
TITLE		Пан	CITY-S	SI-ZIP					
		☐ Delete	TITLE				Change	☐ Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 09, 2003 8:00 am Secretary of State