

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90212 018 ****61.25

DOCUMENT # N42625

1. Entity Name

CAROLINA AVENUE CHURCH OF CHRIST, INC.



Principal Place of Business

**296 E FIRST & CAROLINA AVE
AVON PARK FL 33825
US**

Mailing Address

**296 E. FIRST ST.
AVON PARK FL 33825
US**

2. Principal Place of Business

3. Mailing Address
P.O. Box 86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
AVON PARK, FL

4. FEI Number **59-2199826**

Applied For

Not Applicable

Zip

Country

Zip
33826-0086 Country
HIGHLANDS

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROBERTS, LESTER A.
1002 S. WALDRON AVE.
AVON PARK FL 33825**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** Delete
NAME **ROBERTS, LESTER A.**
STREET ADDRESS **1002 S. WALDRON AVE**
CITY-ST-ZIP **AVON PARK FL**

TITLE **D** Delete
NAME **COLLINS, WILLIE**
STREET ADDRESS **1424 S CAROLINA AVE**
CITY-ST-ZIP **AVON PARK FL**

TITLE **D** Delete
NAME **GLENN, CHARLIE**
STREET ADDRESS **2580 W STRYKER RD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **D** Delete
NAME **HALLIBURTON, JESSIE**
STREET ADDRESS **605 S VERONA AVE**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

Lester A. Roberts **LESTER A. ROBERTS**
02/09/03 (863) 453-8672

CR2E037 (10/02)