

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90139 015 \*\*\*\*61.25

**DOCUMENT # N97000002746**



1. Entity Name  
**RUSKIN CHURCH OF CHRIST, INC.**

Principal Place of Business  
**RUSKIN CHURCH OF CHRIST INC  
611 2ND AVE NW  
RUSKIN FL 33570  
33575-1037**

Mailing Address  
**P.O. BOX 1037  
RUSKIN FL 33570-  
US 33575-1037**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3457159**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UPTEGRAFF, DAN  
611 2ND ST NW  
RUSKIN FL 33570**

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

*Dan J. Utegrauff*

**1-10-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
NAME **D UPTEGRAFF, DAN**  
STREET ADDRESS **10604 BILL TUCKER RD**  
CITY-ST-ZIP **WIMAUMA FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D CAULKINS, FRANK**  
STREET ADDRESS **319 FLAMINGO DRIVE**  
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S DELLINGER, LOLA**  
STREET ADDRESS **P O BOX 7148 N/A**  
CITY-ST-ZIP **SUN CITY FL 33586**

TITLE  Change  Addition  
NAME **SECRETARY EVELYN EVANS**  
STREET ADDRESS **1604 NEW BEDFORD DR.**  
CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**

TITLE  Delete  
NAME **T WHITACRE, BETTY R**  
STREET ADDRESS **6710 ELLENTON-GILLETTE RD. #125**  
CITY-ST-ZIP **PALMETTO FL 34221-9664**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **C WRIGHT, BARBARA**  
STREET ADDRESS **P O BOX 113 N/A**  
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE  Change  Addition  
NAME **CHAIRMAN CHARLES GOODHEW**  
STREET ADDRESS **6302 U.S. HIGHWAY 41 SOUTH #343**  
CITY-ST-ZIP **RUSKIN, FL. 33570**

TITLE  Delete  
NAME **D MUESTER, HAROLD**  
STREET ADDRESS **1119 41 AVENUE E.**  
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE  Change  Addition  
NAME **MUESTER, HAROLD**  
STREET ADDRESS **Muester**  
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: *Betty R. Whitacre* (**BETTY R. WHITACRE**) **1-10-03 941-729-3169**

CR2E037 (10/02)