

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 855922**

1. Entity Name

**CHRIST FOR YOU EVANGELISTIC ASSOCIATION, INC.**

Principal Place of Business

NC.  
10791 NW 21ST PLACE  
CORAL SPRINGS FL 33071

Mailing Address

NC.  
10791 NW 21ST PLACE  
CORAL SPRINGS FL 33071

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90009 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**04-2724255**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOPPING, STEWART E., JR.  
10791 NW 21ST PLACE  
CORAL SPRINGS FL 33071

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.

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**  
**After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOPPING, STEWART E., JR.	
STREET ADDRESS	10791 NW 21ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOPPING, CAROLYN L.	
STREET ADDRESS	10791 NW 21ST PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVOST, SANDRA	
STREET ADDRESS	104 PEBBLE LANE	
CITY-ST-ZIP	BRANDON MS 39042	
TITLE	D	<input type="checkbox"/> Delete
NAME	PREVOST, MARK	
STREET ADDRESS	104 PEBBLE LANE	
CITY-ST-ZIP	BRANDON MS 39042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

7/24/01

934-255-0334

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CR2E037 (5/01)