

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90063 004 ****70.00

DOCUMENT # F01000001750

1. Entity Name

CENTRAL BAPTIST CHILDREN'S HOME, INC.

Principal Place of Business

**1380 GRAND HIGHWAY, 2ND FLOOR
 CLERMONT FL 34711**

Mailing Address

**1380 GRAND HIGHWAY, 2ND FLOOR
 CLERMONT FL 34711**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2181967

Applied For

Not Applicable

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

**BOYETTE, WADE
 1380 GRAND HIGHWAY, 2ND FLOOR
 CLERMONT FL 34711**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P SINNOTT, MARTIN**
 STREET ADDRESS **642 S. ELMWOOD STREET**
 CITY-ST-ZIP **OAK PARK IL 60304**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V BANDOIAN, CHARLES**
 STREET ADDRESS **588 WILLIAMSBURG COURT**
 CITY-ST-ZIP **WHEELING IL 60090**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S SAMUELS, LORINE**
 STREET ADDRESS **265 E. CIRCLE DRIVE**
 CITY-ST-ZIP **NEW LENOX IL 60451**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD KUJOVICH, LARRY**
 STREET ADDRESS **27151 TWIN POND ROAD**
 CITY-ST-ZIP **LAKE BARRINGTON IL 60010**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D ROBINSON, CLARKE**
 STREET ADDRESS **110 S. DUNTON, #2L**
 CITY-ST-ZIP **ARLINGTON HEIGHTS IL 60005**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D BENOVA, STEVE**
 STREET ADDRESS **231 S. LASALLE STREET**
 CITY-ST-ZIP **CHICAGO IL 60604**

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 of Registered Agent
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 847 245-6518

CR2E037 (9/01)