## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000005974

Entity Name: A FAMILY CHURCH, INC.

FILED Jan 20, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1301 BEVILLE RD. SUITE 15 DAYTONA BEACH, FL 32119 **New Mailing Address: Current Mailing Address:** 6143 JASMINE VINE DR 834 BANBURY DR PORT ORANGE, FL 32128 PORT ORANGE, FL 32129 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEIRSTEAD, PETER C KEIRSTEAD, PETER C 6143 JASMINE VINE DR 834 BANBUŔY DR PORT ORANGE, FL 32128 PORT ORANGE, FL 32129 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: 01/20/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete KEIRSTEAD, PETER C KEIRSTEAD, PETER C Name: Name: 6143 JASMINE VINE DR Address: 834 BANBURY DR Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: (X) Change ( ) Addition Name: KEIRSTEAD, SHAYLAN M Name: KEIRSTEAD, SHAYLAN M Address: 6143 JASMINE VINE DR Address: 834 BANBURY DR City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32129 Title: () Delete Title: () Change () Addition MOBLEY, RAYMOND SR. Name: Name: 880 VALENCIA RD Address: Address: City-St-Zip: SOUTH DAYTONA, FL 32119 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SPEIGHT, VIVIAN Name: Name: Address: 9 WOODLAKE DR Address: City-St-Zip: PORT ORANGE, FL 32119 City-St-Zip: Title: Title: () Delete () Change () Addition DUFOE, JAMES Name: Name: 1366 DEXTER DR Address: Address: PORT ORANGE, FL 32119 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KEIRSTEAD PT 01/20/2003