


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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90524 041 ****61.25

DOCUMENT # 726096	
1. Entity Name THE FIRST CHRISTIAN CHURCH OF SEMINOLE, INC.	

Principal Place of Business 13272 PARK BOULEVARD SEMINOLE FL 34646-0503	Mailing Address 13272 PARK BOULEVARD SEMINOLE FL 33776-3503
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1718510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent THARPES, FREEMAN 8150 CYPRESS GARDEN COURT LARGO FL 33777	
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Freeman, Thaddeus

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFRO, LARRY 7448 133RD ST N SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCKNEELEN, PHYLLIS A 8917 RIDGE ROAD SEMINOLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BRANDT, TOM 13271 8TH AVENUE N. SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, WAYNE 13801 78TH AVENUE N. SEMINOLE FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Phyllis A. McKneelen* (Phyllis A. McKneelen) 1/16/03 393-2136

CR2E037 (10/02)