2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 700086** May 18, 2000 8:00 am Secretary of State THE COMMUNITY CHURCH INC 05-18-2000 90330 028 ****61.25 Principal Place of Business Mailing Address SPRING STREET P. O. BOX 424 LANARK VILLAGE FL 32323-0424 LANARK VILLAGE FL 32323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2752009 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent , , , 6. Name and Address of Current Registered Agent Alney V. McPherson Street Address (P.O. Box Number is Not Acceptable) 154 Idaho Street GARRISS, ANN W 37-4 PINE ST LANARK VILLAGE FL 32323 Zip Code Lanark Village, 32323 8. The above named Artity submits this statement for the purpose of of anging its registered office or registered agent, or both, in the state of Florida. 4-30-2000 VM Alney V. McPherson SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed rapie of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. and the same to Delete TITLE Change 🔀 Addition TITLE Alney V. McPherson 154 Idaho Street Lanark Village, FL. GARRISS, ANN W NAME NAME STREET ADDRESS STREET ADDRESS 37-4 PINE ST CITY-ST-ZIP C.D. CITY-ST-ZIF Lanark Village FL 32323 Dorothy Jones 🖫 a 674 East Pine Street Lanark Village, FL. 32323 TITLE VCD X Delete TITLE NAME MCPHERSON, ALNEY V NAME STREET ADDRESS STREET ADDRESS 154 IDAHO ST CITY-ST-ZIP CITY-ST-ZIP La<u>nark village fl 32323</u> TITLE Change SM Addition TITI F Delete Kay Grant NAME 4 Parker Avenue Lanark Village, FL. 32323 Janet McGrath NAME STREET ADDRESS STREET ADDRESS 39-3 NARCISSUS CITY-ST-ZIP CITY-ST-ZIP Lanark village fl<u> 3</u>2323 ☐ Change ☐ Addition ☐ Delete TITLE TITLE Mary Jane Kitamura KITAMURA, MARY JANE NAME NAME 2204 Lousiana Street STREET ADDRESS STREET ADDRESS 2204 LOUISIANA STREET Carrabelle, FL. CITY-ST-ZIP CITY-ST-ZIP Carrabelle FL 32322 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPET OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR Date Dayume Phone #

changed, or on an attachment with an address, with all o