

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

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90012 048 ****61.25

DOCUMENT # 700086

1. Entity Name

Mailing Address

P. O. 424

Lanark Village,

THE COMMUNITY CHURCH INC. FL. 32323



DO NOT WRITE IN THIS SPACE

24075953

2. Principal Place of Business

3. Mailing Address

P. O. Box 424

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lanark Village, FL

City & State

4. FEI Number

59-2752009

Applied For

Not Applicable

Zip

32323

Country

Franklin

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Dorothy Jones

674 E. Pine Street

City

Lanark Village,

FL

Zip Code

32323

**DO NOT WRITE
IN THIS SPACE**

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

Dorothy L. Jones

Dorothy L. Jones

5-14-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Dorothy L. Jones
674 E. Pine Street
Lanark Village, FL. 32323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
Inez Bowen
111 California ST.
Lanark Village, FL. 32323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Mary Britz
142 Carolina Street
Lanark Village, FL. 32323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Mary Jane Kitamura
2204 Louisiana Street
Carrabelle, FL. 32322

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Jane Kitamura* Mary Jane Kitamura Treasurer 5-14-2004
850-697-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)