FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # 701279 1. Entity Name EAST BRADENTON CHURCH OF CHRIST, INC. 04-04-2001 90125 032 \*\*\*\*61.25 Principal Place of Business Mailing Address 1835 MANATEE AVE EAST P.O. BOX 2266 BRADENTON FL 34208 **BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2623084 Not Applicable Zip Country **\$8.75**; Additional \_\_\_\_\_ -5.-Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HENRY, JOEL V 1506 8TH AVE E **BRADENTON FL 34208** Zip Code FL 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. DATE IE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE Addition ☐ Delete NAME HENRY, JOEL V NAME STREET ADDRESS 1906 8TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE □ Change ☐ Addition TITI F ☐ Delete NAME HENRY, JOEL V NAME STREET ADDRESS 1906-8TH AVE STREET ADDRESS CITY-ST-ŽIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME GLENDALE, HICKEY NAME STREET ADDRESS 294 44TH ST W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP JAMES - MURRELL 1003-28TH-STE, BRADENTON-FL.34208 Delete TITLE Addition `aeredano, rogelio d~ NAME STREET ADDRESS 1906 8T AVE-E... STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ONDIRECTOR

04-02-01

941-920-6095