

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90050 039 \*\*\*\*61.25

**DOCUMENT # 701690**

1. Entity Name

**THE COMMUNITY CHURCH OF THE BRETHREN, INCORPORATED**

Principal Place of Business

**3839 S. FERNCREEK AVE  
 ORLANDO FL 32806  
 US**

Mailing Address

**3839 S. FERNCREEK AVE  
 ORLANDO FL 32806  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2986671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, GARLES  
 4513 WETHERBEE RD  
 ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **JOSEPHINE S. FRANKHAM**

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

**1309 Dunhill Dr**

City

**Longwood**

**FL**

Zip Code

**32750**

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.

SIGNATURE

*Josephine S. Frankham* **JOSEPHINE S. FRANKHAM** **TREASURER**

**2/12/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete  
 NAME **YOUNG, GALE**  
 STREET ADDRESS **4513 WETHERBREE ROAD**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DD** ☒ Delete  
 NAME **BYRD, JAMMIE**  
 STREET ADDRESS **5407 SATEL DR**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ Delete  
 NAME **FRANKHAM, JOSEPHINE**  
 STREET ADDRESS **1309 DUNHILL DR**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **D** ☒ Delete  
 NAME **HERRING, LINDA**  
 STREET ADDRESS **2499 OAK PARK WAY #112**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **BOARD CHAIRMAN** ☒ Change ☐ Addition  
 NAME **KEITH GRAHAM**  
 STREET ADDRESS **11729 BROAD OAK CT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **SECRETARY TO BOARD** ☒ Change ☐ Addition  
 NAME **MARLENE FINK**  
 STREET ADDRESS **5759 ST. CHRISTOPHER DR**  
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE **STEWART CHAIRMAN** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ALLEN YOUNG** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4513 WETHERBEE RD**  
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

*Josephine S. Frankham* **JOSEPHINE S. FRANKHAM** **TREASURER**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (9/01)