2001 UNIFOR	FIL		
DOCUMENT # 7 1. Entity Name FIRST CHURCH OF CH	Apr 03, 200 Secretary 04-03-2001 90103		
Principal Place of Business	Mailing Address		
11125 PARK BLVD.	11125 PARK BLVD.		

ED 800 am 8 y of State

3 016 ****61.25

Principal Place of Business Mai		Mailing Address	Mailing Address							
11125 PARK BLVD. UNIT 112		11125 PARK BLVD. UNIT 112								
Seminole Fl US	_ 33772	SEMINOLE FL 33772 US			 		11175 Marian Marian	f18() f18() [18)		
2. Principal Place of Business 3. Mai		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. FEI Number 59-2846974		 	Applied For Not Applicable		
_Zip	Zip Country Zip		Country	Country 5. Certificate of Status Desired		of Status Desired	\$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		1	
			N	ame Mrs	Margar	et C Bro	ngon			
CORMIER, J L			St	Mrs Margaret C. Bronson Street Address (P.O. Box Number is Not Acceptable) 5660 80th St.N. #B108						
	i ave north Tersburg FL 33713			St.	Petersb	urg, FL 3	33709-5815			
			Ci		Peters	burg	FL 3370	de) 9		
8. The above	named entity submits this statement for	or the purpose of changing its:	registered of]	
		· sh		100)		, , ,		}	
SIGNATURE	Margaret C. Brons	son than	gare	オピス	whee	m 3	3/28/01			
SIGHT TOTAL	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		nt signature required	when reinstating)		DATE		l	
					-					
	FILE NOW: FEE IS \$61.25	· · ·	9. Election Campaign Financing \$5.00 Trust Fund Contribution.		0 May Be d to Fees		e Check Payable to partment of State	0	1	
	FEE 13 401.25						parament or otale			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIRECTORS I		_ [
TITLE	CD Bronson, Margaret C	☐ Delete	TITLE NAME				☐ Change	Addition	8	
NAME STREET ADDRESS				DRESS					1	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709		CITY-ST-Z	j j					18	
TITLE	TD	☐ Delete	TITLE			- <u>-</u>	☐ Change	☐ Addition	3	
NAME	ZABRISKIE, HELEN M		NAME						١	
STREET ADDRESS	9790 66TH STREET N., LOT 11	D	STREET ADI							
CITY-ST-ZIP	PINELLAS PARK FL		CITY-ST_Z	P					┨	
TITLE	SD Cormier, J L	🔀 Delete	TITLE	SD			☐ Change	Addition Addition	ļ	
NAME STREET ADDRESS	3500 7TH AVE N		NAME STREET ADD	RESS San	ndra Pal	lardy				
CITY-ST-ZIP	SAINT PETERSBURG FL 33713		CITY-ST-Z	P 100	00 32nd	St.N.St.	Petersburg	33713		
TITLE	VD	Delete	TITLE	D			☐ Change	☐ Addition	1	
NAME	BEIGEL, ORRILL deceas	ed	NAME		lvia Pea				l	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • •		STREET ADD		00_32nd		22542			
CITY-ST-ZIP	ST, PETERSBURG FL 33709-58		CITY-ST-ZI	P St.	. Peter:	sburg,FL	 _		┨	
TITLE NAME	LIVINGSTON, VERA S.	🔀 Delete	TITLE	D	Carter		. Change	☐ Addition		
STREET ADDRESS 361 BOCA CIEGA DRIVE		NAME STREET ADD			c Blvd #	770		l		
CITY-ST-ZIP	MADEIRA BEACH FL		CITY-ST-ZI			FL 33777			1	
TITLE		☐ Delete	TITLE		<u></u>	22111	Change	☐ Addition	1	
NAME			NAME						.	
STREET ADDRESS		_	STREET ADD	1					ł	
12. I hereby certify that the information supplied with this filing does not qualify for the			CITY-ST-ZI							
				and the second second	otion 440 07/21/3	A Clorida Casada a L	Carlo Corner of the Corner of		1	

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.

Daytime Phone #