## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 29, 2000 8:00 am Secretary of State DOCUMENT # 706768 1. Entity Name FIRST CHRISTIAN CHURCH OF DUNEDIN, FLORIDA, INC. 01-29-2000 90127 009 \*\*\*\*70.00 Mailing Address Principal Place of Business 1400 SAN CHRISTOPHER DR. 1400 SAN CHRISTOPHER DR. DUNEDIN FL 34698-4501 **DUNEDIN FL 34698** COUT4042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For City & State -City & State رح 59-1025602 Not Applicable Country 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) SWAN, CURTIS W. 1900 BRAE MOOR DR. DUNEDIN FL 34698 City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$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. ☐ Addition TITLE TITLE Delete NAME SMITH, MARC E NAME STREET ADDRESS STREET ADDRESS 971 HARBOR CIR CITY-ST-7IP CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change Addition Delete TITLE TITLE **BOLES, DONALD** NAME NAME STREET ADDRESS STREET ADDRESS 2369 WALTON CIR N-8 CITY-ST-ZIP CITY-ST-ZIF PALM HARBOR FL 34683 D 🔀 Change ☐ Addition TITLE ☐ Delete TITLE James, Jeffrey NAME NAME STREET ADDRESS STREET ADDRESS 1455 NOEL BLVD CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Change Addition TITLE 🔽 Delete TITLE TURNER, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 4836 MUSSELL SHELL DR CITY-ST-7IP CITY-ST-ZIP NEW PORT RICHEY FL 34655 Change ☐ Addition TITLE ☐ Delete TITLE MONROE, MICHAEL NAME

12. Thereby 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 port 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

changed, or on an attachmen with an address with all other like empowered. (727) 733-4804

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

2340 ANNA AVE

STRONG, CHRIS

2791 COUNTRY WAY

**CLEARWATER FL 33763** 

CLEARWATER FL 33765

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Smith Chairman/Treasurer 1-14-00
Date Dayume Phone #

Addition

Change