

**2000 UNIFORM BUSINESS REPORT (UBR)**

71

**FILED**  
**Aug 14, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90018 028 \*\*\*\*61.25

**DOCUMENT # 706860**

1. Entity Name

**CHAPEL ON THE HILL OF THE UNITED CHURCH OF CHRIS**

*(R)*

Principal Place of Business

12601 PARK BLVD.  
 12601 PARK BLVD.  
 SEMINOLE FL 34646

Mailing Address

12601 PARK BLVD.  
 12601 PARK BLVD.  
 SEMINOLE FL 34646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1088974**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VON WERDER, VERNON**  
**9369 120TH STREET NORTH**  
**SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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**  
**After September 13, 2000 min. will be \$236.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VONWERDER, VERNON</b>	
STREET ADDRESS	<b>9396 120TH STREET NORTH</b>	
CITY-ST-ZIP	<b>SEMINOLE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEE, NETTREY</b>	
STREET ADDRESS	<b>7966 GARDEN DR N</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOUCK, SETH C</b>	
STREET ADDRESS	<b>17715 GULF BOULEVARD #852</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, GAIL</b>	
STREET ADDRESS	<b>11268 59 AVE N</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM BABCOCK,</b>	
STREET ADDRESS	<b>12445 94TH AVEN</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFFORD ALBRECHT</b>	
STREET ADDRESS	<b>1360 ULMERTON RD #8E</b>	
CITY-ST-ZIP	<b>LARGO, FL 33771</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Clifford Albrecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-17-00 (127) 391-3919**

Date

Daytime Phone #