

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90538 034 ****61.25

DOCUMENT # 706860

1. Entity Name
**CHAPEL ON THE HILL OF THE UNITED CHURCH OF CHRIS
 T, INC.**

Principal Place of Business 12601 PARK BLVD. 12601 PARK BLVD. SEMINOLE FL 34646	Mailing Address 12601 PARK BLVD. 12601 PARK BLVD. SEMINOLE FL 34646
---	---

DUUUU



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **VONWERDER, VERNON**
 STREET ADDRESS **9396 120TH STREET NORTH**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE **P** Change Addition
 NAME **EVANS, RICHARD E.**
 STREET ADDRESS **2803 BLUFFS DRIVE**
 CITY-ST-ZIP **LARGO, FL 33770**

TITLE **VD** Delete
 NAME **BABCOCK, WILLIAM**
 STREET ADDRESS **12445 94TH AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ALBRECHT, CLIFFORD**
 STREET ADDRESS **7360 ULMERTON RD #8**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE Change Addition
 NAME
 STREET ADDRESS **6001 DARTMOUTH AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **DS** Delete
 NAME **JACKSON, GAIL**
 STREET ADDRESS **11268 59 AVE N**
 CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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: *Clifford Albrecht* 4/23/02 (727) 647-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)