2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2000 8:00 am Secretary of State **DOCUMENT # 708257** 1. Entity Name - CENTERVILLE ROAD CHURCH OF CHRIST, INC. 01-22-2000 90071 039 ****61.25 Principal Place of Business Mailing Address 4015 CENTERVILLE ROAD 4015 CENTERVILLE ROAD TALLAHASSEE FL 32308 TALLAHASSEE FLA 32308-4041 904262 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1716108 Not Applicable Zip 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) KEAN, EDWARD H 11578 BUCK LAKE RD TALLAHASSEE FL 32311 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** (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME NAME HINDS, MAURICE STREET ADDRESS STREET ADDRESS 2 SILKA DEER DRIVE CITY-ST-ZIP CITY-ST-ZIP <u>Tallahassee Fl</u> TITLE Delete TITLE Change ☐ Addition ۷D KEAN, EDWARD H NAME NAME STREET ADDRESS STREET ADDRESS 11578 BUCK LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 TITLE SD ☐ Delete TITLE Change ☐ Addition NAME TAYLOR, EUGENE NAME STREET ADDRESS 3208 W. BALDWIN DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tallahassee fl TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROYALS, HORACE R JR. NAME STREET ADDRESS 8339 CABIN HILL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TÁLLAHASSÉE FL 32311 ☐ Delete TITLE Change ☐ Addition garantee y a raying team y as NAME NAME State State STREET ADDRESS STREET ADDRESS **心の**(という)と CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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