

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90075 011 ****61.25

DOCUMENT # 710488

1. Entity Name

FORT GATLIN ALLIANCE CHURCH OF THE CHRISTIAN AND

Principal Place of Business

Mailing Address

**3300 S BUMBY AVENUE
 ORLANDO FL 32806**

**3300 S BUMBY AVENUE
 ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

P. O Box 568456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
 Orlando, FL**

Zip

Country

**Zip
 32856-8456**

**Country
 U.S.A.**

4. FEI Number

59-6211831

Applied For

Not Applicable

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

**SWANN,RICHARD R
 1031 W. MORSE BLVD., SUITE 270
 WINTER PARK FL 32789**

Name

Swann Richard R

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

Swann & Hadley P.A

1031 W. Morse Blvd; Suite 160

City

Winter Park

FL

Zip Code

32789

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

2-20-2001

**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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 MOY, NORMAN
 822 CHICAGO AVENUE
 OCOEE FL 34761** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SCOTT, CHARLES
 7315 LAKE DRIVE
 ORLANDO, FL 32809** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 WIDICK, GLENN D.
 3044 BAY TREE DRIVE
 ORLANDO FL 32806** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 HOFER, CRAIG A.
 5227 FORMBY DR
 ORLANDO FL 32812** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2001

407-859-2140
 Daytime Phone #

CR2E037 (10/00)