

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710924

1. Entity Name

TRI-CITY BAPTIST CHURCH OF CHARLOTTE COUNTY, INC

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90139 007 ****61.25

Principal Place of Business

Mailing Address

24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980

24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980-2233



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

59-1401258

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

FOUST, VAUGHN PASTOR

24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980

Name

Manning, Mark Pastor

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

24058 Heritage Place

City
Charlotte Harbor

FL

Zip Code
33980

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

Mark Manning

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

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	VTR	<input type="checkbox"/> Delete
NAME	BRYAN, MAX	
STREET ADDRESS	24437 HARBORVIEW RD., #99	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	TR	<input type="checkbox"/> Delete
NAME	REDYEA, JOHN	
STREET ADDRESS	3356 HARBOR BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FOUST, VAUGHN	
STREET ADDRESS	24058 HERITAGE PL	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	STASNEY, JOHN	
STREET ADDRESS	18166 CARUIA AVE	
CITY-ST-ZIP	PT CHARLOTTE FL 33948	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KELLER, JESSE	
STREET ADDRESS	23327 MCCANDLESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manning, Mark Pastor	
STREET ADDRESS	24058 Heritage Place	
CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wylie Brown	
STREET ADDRESS	3168 Pine-tree St.	
CITY-ST-ZIP	pt. Charlotte FL 33952	
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: Mark Manning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00

941-625-7412

CR2E037 (9/99)