

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90419 028 ****61.25

0071370

DOCUMENT # 710924

1. Entity Name

TRI-CITY BAPTIST CHURCH OF CHARLOTTE COUNTY, INC

Principal Place of Business

Mailing Address

**24058 HERITAGE PLACE
 CHARLOTTE HARBOR FL 33980**

**24058 HERITAGE PLACE
 CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1401258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNING, MARK PASTOR
 24058 HERITAGE PLACE
 CHARLOTTE HARBOR FL 33980**

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

Mark Manning

4.22.01

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 ☐ Delete
 NAME **VTR**
 STREET ADDRESS **BRYAN, MAX**
 CITY-ST-ZIP **24437 HARBORVIEW RD., #99**
CHARLOTTE HARBOR FL 33980

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **REDYEA, JOHN**
 CITY-ST-ZIP **3356 HARBOR BLVD**
PT CHARLOTTE FL 33952

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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MANNING, MARK PASRTOR**
 CITY-ST-ZIP **24058 HARITAG PL**
CHARLOTTE HARBOR FL

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **STASNEY, JOHN**
 CITY-ST-ZIP **18166 CARUIA AVE**
PT CHARLOTTE FL 33948

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **BROWN, WYLIE**
 CITY-ST-ZIP **3168 PINETREE ST**
PORT CHARLOTTE FL 33952

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:

Mark Manning
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22-01

Date

941-625-7412

Daytime Phone #

CR2E037 (10/00)