

8/12

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90012 038 \*\*\*\*61.25

**DOCUMENT # 710924**

1. Entity Name

**TRI-CITY BAPTIST CHURCH OF CHARLOTTE COUNTY, INC**

Principal Place of Business

24058 HERITAGE PLACE  
CHARLOTTE HARBOR FL 33980

Mailing Address

24058 HERITAGE PLACE  
CHARLOTTE HARBOR FL 33980

2. Principal Place of Business

Tri City Baptist Church  
Suite, Apt. #, etc.

24058 Heritage Place

City &amp; State

Charlotte Harbor FL

Zip

33960

Country

Charlotte

3. Mailing Address

Same

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-1401258

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANNING, MARK PASTOR  
24058 HERITAGE PLACE  
CHARLOTTE HARBOR FL 33980

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark J Manning

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-31-02

After September 13, 2002,  
min. will be \$236.25.9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTR  
BRYAN, MAX  
24437 HARBORVIEW RD., #99  
CHARLOTTE HARBOR FL 33980 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR L  
REDYEA, JOHN  
3356 HARBOR BLVD  
PT CHARLOTTE FL 33952 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MANNING, MARK PASTOR  
24058 HARBOR PL  
CHARLOTTE HARBOR FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
STASNEY, JOHN  
18168 CARUIA AVE  
PT CHARLOTTE FL 33948 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BROWN, WYLIE  
3168 PINETREE ST  
PORT CHARLOTTE FL 33952 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
Robert Johnston  
14 MEDALIST RD  
ROTONDA W. FL. 33947 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Mark Johnston ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T Robert Johnston  
14 Medalist Rd.  
Rotonda FL. 33947 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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:

Robert Johnston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/31/02

Daytime Phone #

CR2E037 (4/02)