

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716029

1. Entity Name

PEOPLE FOR CHRIST, INC.

Principal Place of Business

Mailing Address

15 PARADISE PLAZA
#176
SARASOTA FL 34239
US

15 PARADISE PLAZA
#176
SARASOTA FL 34239-6905
US

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

23-7017840

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUGAZZI, HELEN ALEXANDER
3751 S. SCHOOL AVE.
SUITE 24
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name Helen Alexander FUGAZZI
Street Address (P.O. Box Number is Not Acceptable) 15 Paradise PLAZA #176
SARASOTA Florida
City FL Zip Code 34239

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

NOTE: Registered Agent signature required when reinstating)

DATE

1-15-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FUGAZZI, HELEN A	
STREET ADDRESS	3751 S. SCHOOL AVE., UNIT 24	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SUSAN L	
STREET ADDRESS	20690 CEDAR VIEW DR	
CITY-ST-ZIP	FORESTHILL CA 95631	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, SHARLENE M.	
STREET ADDRESS	3751 S SCHOOL AVE #24	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5064 SPENCER ST #D
CITY-ST-ZIP	LAS Vegas NV 89119
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5064 SPENCER ST. #D
CITY-ST-ZIP	LAS Vegas NV 89119
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	<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:

Helen Alexander FUGAZZI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90111 049 ****61.25

909902



DO NOT WRITE IN THIS SPACE