

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

0076284

**DOCUMENT # 716029**

1. Entity Name

**PEOPLE FOR CHRIST, INC.**

03-09-2001 90498 021 \*\*\*\*61.25

Principal Place of Business

**15 PARADISE PLAZA  
 #176  
 SARASOTA FL 34239  
 US**

Mailing Address

**15 PARADISE PLAZA  
 #176  
 SARASOTA FL 34239  
 US**

**00023780**



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

**23-7017840**

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

**ALEXANDER FUGAZZI, HELEN  
 15 PARADISE PLAZA #176  
 SARASOTA FL 34239**

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.

SIGNATURE

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

TITLE **PD** ☐ Delete  
 NAME **FUGAZZI, HELEN A**  
 STREET ADDRESS **5064 SPENCER ST #D**  
 CITY-ST-ZIP **LAS VEGAS NV 89119**

TITLE **D** ☐ Delete  
 NAME **MILLER, SUSAN L**  
 STREET ADDRESS **20690 CEDAR VIEW DR**  
 CITY-ST-ZIP **FORESTHILL CA 95631**

TITLE **D** ☐ Delete  
 NAME **WALKER, SHARLENE M.**  
 STREET ADDRESS **5064 SPENCER ST #D**  
 CITY-ST-ZIP **LAS VEGAS NV 89119**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
 NAME **FUGAZZI, Helen A.**  
 STREET ADDRESS **3103 Key Largo DR. #102**  
 CITY-ST-ZIP **LAS VEGAS NV. 89120**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **WALKER, Sharlene M.**  
 STREET ADDRESS **3103 Key Largo DR. #102**  
 CITY-ST-ZIP **LAS VEGAS NV. 89120**

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

TITLE ☐ Change ☐ Addition  
 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: **Helen Alexander Fugazzi**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**3-5-01**

597.106

CR2E037 (10/00)