

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90088 017 ****61.25

DOCUMENT # 716029

1. Entity Name

PEOPLE FOR CHRIST, INC.

Principal Place of Business

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

Mailing Address

**15 PARADISE PLAZA
 #176
 SARASOTA FL 34239
 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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **FUGAZZI, HELEN A**
 STREET ADDRESS **3103 KEY LARGO DRIVE #102**
 CITY-ST-ZIP **LAS VEGAS NV 89120**

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

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

TITLE ☐ Change ☐ Addition
 NAME **MILLER, SUSAN L.**
 STREET ADDRESS **2280 GRASS VALLEY HWY #284**
 CITY-ST-ZIP **AUBURN, CA 95603**

TITLE **D** ☐ Delete
 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN ALEXANDER FUGAZZI **2-4-02**

CR2E037 (9/01)