

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 20, 2001 8:00 am
Secretary of State

03-27-2001 90035 002 ****61.25

DOCUMENT # 719892

1. Entity Name

FLORIDA CHRISTIAN CENTER, INC.

Principal Place of Business

1071 S EDGEWOOD AVE
JACKSONVILLE FL 32205-2382

Mailing Address

1071 S EDGEWOOD AVE
JACKSONVILLE FL 32205-2382

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

59-0624397

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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:
FEES 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	VD	<input type="checkbox"/> Delete
NAME	CORAM, RICHARD M	
STREET ADDRESS	142 30TH AVE S	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURTON, JAMES R	
STREET ADDRESS	2726 BURNS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOWNS, GENE P	
STREET ADDRESS	6177 6TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, MARK G	
STREET ADDRESS	50 N LAURA ST STE 3900	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SD-D	<input type="checkbox"/> Delete
NAME	MOORE, JOAN E	
STREET ADDRESS	1718 OSCEOLA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, WILLIAM A	
STREET ADDRESS	44 OAKVIEW CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANS, ELIZABETH G.	
STREET ADDRESS	655 W. 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32209	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-01 904-381-5650

CR2E037 (10/00)