

2001 UNIFORM BUSINESS REPORT (UBR)

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

Mailing Address

1071 S EDGEWOOD AVE
 JACKSONVILLE FL 32205-2382

1071 S EDGEWOOD AVE
 JACKSONVILLE FL 32205-2382

30410



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

59-0624397

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

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:
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 **D** **VD** ☐ Delete
 NAME **CORAM, RICHARD M**
 STREET ADDRESS **142 30TH AVE S**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **PD** ☐ Delete
 NAME **BURTON, JAMES R**
 STREET ADDRESS **2726 BURNS RD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **TD** ☐ Delete
 NAME **DOWNS, GENE P**
 STREET ADDRESS **6177 6TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE **D** ☒ Delete
 NAME **ALEXANDER, MARK G**
 STREET ADDRESS **50 N LAURA ST STE 3900**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☒ Change ☐ Addition
 NAME **ANDREWS, JOHN E.**
 STREET ADDRESS **11447 BEACON DRIVE NORTH**
 CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **SB-D** ☐ Delete
 NAME **MOORE, JOAN E**
 STREET ADDRESS **1718 OSCEOLA STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

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

TITLE **VD** ☒ Delete
 NAME **YOUNG, WILLIAM A**
 STREET ADDRESS **44 OAKVIEW CIRCLE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **MEANS, ELIZABETH G.**
 CITY-ST-ZIP **655 W. 8TH STREET**
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 ACQUIRED

JOHN E. ANDREWS

3-22-01 904-381-5650