

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90062 028 \*\*\*\*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**

27329



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

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

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

TITLE **P** ☐ Change ☒ Addition  
 NAME **Cindy Dougherty**  
 STREET ADDRESS **1556 Englebrook Dr**  
 CITY-ST-ZIP **Wildwood, MO 63011-2093**

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

TITLE **VP D** ☐ Change ☒ Addition  
 NAME **Spencer, Charles**  
 STREET ADDRESS **4727 Brown Rd**  
 CITY-ST-ZIP **Ellettsville, IN 47429**

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

TITLE **S D** ☐ Change ☒ Addition  
 NAME **Cleeland, Bob**  
 STREET ADDRESS **1421 Wills Hollow**  
 CITY-ST-ZIP **Glencoe, MO 63038**

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

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Ellis, Sterling C. B.**  
 STREET ADDRESS **14350 Rainey Lake Drive**  
 CITY-ST-ZIP **Chesterfield, MO 63017**

TITLE **SD** ☒ Delete  
 NAME **MOORE, JOAN E**  
 STREET ADDRESS **1718 OSCEOLA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Change ☒ Addition  
 NAME **McAlpin, Bernadette**  
 STREET ADDRESS **331 Devonshire Lane**  
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **S** ☒ Delete  
 NAME **MEANS, ELIZABETH G**  
 STREET ADDRESS **855 W 8TH STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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: *Bernadette McAlpin* **BERNADETTE MCALPIN** 3/27/02 904 3814839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)