

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 04, 2000 8:00 am**
Secretary of State

02-04-2000 90073 049 ****61.25

00014802



DO NOT WRITE IN THIS SPACE

DOCUMENT # 723266

1. Entity Name

FIRST CHRISTIAN CHURCH OF CHASSAHOWITZKA, CHASSA

Principal Place of Business

Mailing Address

11275 SOUTH RIVIERA DRIVE
HOMOSASSA FL 34448-5818
US11275 SOUTH RIVIERA DRIVE
HOMOSASSA FL 34448-5818
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2729773

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

BROWN, THOMAS A
4331 W OAKLAWN ST
LECANTO FL 34461

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:
FEF IS \$61.259. 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 **KALIS, ED**
STREET ADDRESS **7659 W MESA LANE**
CITY-ST-ZIP **HOMOSASSA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WATSON, EDWIN**
STREET ADDRESS **7855 W MESA LN**
CITY-ST-ZIP **HOMOSASSA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **BLEDSE, LINDSAY**
STREET ADDRESS **4212 W OAKLAWN ST**
CITY-ST-ZIP **LECANTA FL 34461**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **GARBER, ROBERT**
STREET ADDRESS **8271 W-C48 LOT 110**
CITY-ST-ZIP **BUSHNELL FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☐ Delete
NAME **BROWN, THOMAS A.**
STREET ADDRESS **4331 W. OAKLAWN ST.**
CITY-ST-ZIP **LECANTO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VC** ☐ Delete
NAME **MOOSMANN, ED**
STREET ADDRESS **5770 WEST PINE CIRCLE**
CITY-ST-ZIP **CRYSTAL RIVER FL**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: *Thomas A. Brown* 28 January 2000 (352)6210379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)