

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723266

1. Entity Name

FIRST CHRISTIAN CHURCH OF CHASSAHOWITZKA, CHASSA
HOWITZKA, FLORIDA, INC.

Principal Place of Business

11275 SOUTH RIVIERA DRIVE
HOMOSASSA FL 34448-5818
US

Mailing Address

11275 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

Zip

Country

Zip

Country

4. FEI Number

59-2729773

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

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

Thomas A. Brown Thomas A. Brown, Chairman - 12-01
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 KALIS, ED
STREET ADDRESS 7659 W MESA LANE
CITY-ST-ZIP HOMOSASSA FL

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

TITLE D ☐ Delete
NAME WATSON, EDWIN
STREET ADDRESS 7855 W MESA LN
CITY-ST-ZIP HOMOSASSA FL

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

TITLE S ☒ Delete
NAME BLEDSOE, LINDSAY
STREET ADDRESS 4212 W OAKLAWN ST
CITY-ST-ZIP LECANTO FL 34461

TITLE Secretary ☐ Change ☒ Addition
NAME George Hassell
STREET ADDRESS 11028 Gifford Dr.
CITY-ST-ZIP Spring Hill, Fl. 34608

TITLE T ☐ Delete
NAME GARBER, ROBERT
STREET ADDRESS 8271 W-C48 LOT 110
CITY-ST-ZIP BUSHNELL FL

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

TITLE 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-ZIP

TITLE 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 SIGNATURE REQUIRED Thomas A. Brown

Date

Daytime Phone #

1-28-02 (352)621-0379

CR2E037 (9/01)