

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90143 032 ****61.25

DOCUMENT # 726713

1. Entity Name

THE PHILADELPHIA CHURCH, INC.

Principal Place of Business

**1024 CATTLEMAN RD.
 SARASOTA FL 34232**

Mailing Address

**1024 CATTLEMAN RD.
 SARASOTA FL 34232**

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

05-0031300

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

*** CHANGE of Address**

~~LACHER, CATHERINE L~~
~~1770 LOGSDON ST XXXXXX~~
~~NORTH PORT FL 34287 XXXXX~~
 → **FLOYD, CATHERINE L**
1023 JAKI AVE.
SARASOTA, FL. 34232

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 **P** ☐ Delete
 NAME ~~LACHER, CATHERINE L~~
 STREET ADDRESS ~~1770 LOGSDON ST XX~~
 CITY-ST-ZIP ~~NORTH PORT FL 34287 XXXXX~~

TITLE **P** ☒ Change ☐ Addition
 NAME **FLOYD, CATHERINE L.**
 STREET ADDRESS **1023 JAKI AVE.**
 CITY-ST-ZIP **SARASOTA, FL. 34232**

TITLE **D** ☐ Delete
 NAME **STOTZ, RON**
 STREET ADDRESS **3411 CEDAR ST**
 CITY-ST-ZIP **ELLENTON FL**

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

TITLE **D** ☒ Delete
 NAME ~~PETERSON, RAY XXXXXXXXXX~~
 STREET ADDRESS ~~1015 7TH AVE E XXXXXXXXXX~~
 CITY-ST-ZIP ~~BRADENTON FL XXXXXXXXXX~~

TITLE **D** ☒ Change ☒ Addition
 NAME **Garrett, Terry**
 STREET ADDRESS **3891 Hawkeye Circle**
 CITY-ST-ZIP **SARASOTA, FL. 34232**

TITLE **ST** ☐ Delete
 NAME **HUGHES, ALAN D**
 STREET ADDRESS **349 APOLO BEACH BLVD**
 CITY-ST-ZIP **APOLO BEACH FL 33572**

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

TITLE **D** ☐ Delete
 NAME **FLOYD, K. JASON**
 STREET ADDRESS **1024 CATTLEMAN RD.**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
 NAME **BENNETT, RUTH**
 STREET ADDRESS **5421 15TH ST. E.**
 CITY-ST-ZIP **BRADENTON 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:

K. Jason Floyd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/2002 (941) 371-2865

CR2E037 (9/01)