

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90470 031 *****61.25

0069678

DOCUMENT # 729895

1. Entity Name

FIRST CHRISTIAN CHURCH, INCORPORATED OF ST. CLOUD
D, FLORIDA

Principal Place of Business

F ST. CLOUD, FLORIDA
1122 KY. AVENUE
ST. CLOUD FL 34769

Mailing Address

F ST. CLOUD, FLORIDA
1122 KY. AVENUE
ST. CLOUD FL 34769

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 59-1794135

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

PRICKETT, GLENN E.
1122 KY AVE.
SAINT CLOUD FL 34769

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	C	<input checked="" type="checkbox"/> Delete
NAME	PRINCETT, DONALD E	
STREET ADDRESS	1122 KY AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BEATTY, GEORGE	
STREET ADDRESS	1122 KY AVENUE	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MCADDEN, BRYAN	
STREET ADDRESS	1122 KY AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	TTR	<input checked="" type="checkbox"/> Delete
NAME	PRICKETT, GLENN E.	
STREET ADDRESS	1122 KY AVE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, RAYMOND	
STREET ADDRESS	1122 KY. AVE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LANDIS, JERRY	
STREET ADDRESS	1122 KY. AVE	
CITY-ST-ZIP	ST CLOUD FL	

TITLE	C-TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William J. Anderson	
STREET ADDRESS	1122 Kentucky Ave.	
CITY-ST-ZIP	St Cloud, FL 34769	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theron Young	
STREET ADDRESS	1122 Kentucky Ave.	
CITY-ST-ZIP	St Cloud, FL 34769	
TITLE	Elder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Van Tassel	
STREET ADDRESS	1122 Kentucky Ave.	
CITY-ST-ZIP	St Cloud, FL 34769	
TITLE	Deacon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Davis	
STREET ADDRESS	1122 Kentucky Ave.	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE	Deacon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Rowe	
STREET ADDRESS	1122 Kentucky Ave.	
CITY-ST-ZIP	St Cloud, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *William J. Anderson* William J. Anderson 2.25.02 407-870-1611

CR2E037 (9/01)