

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90137 035 ****61.25

0016552

DOCUMENT # 729895

1. Entity Name
**FIRST CHRISTIAN CHURCH, INCORPORATED OF ST. CLOUD
D, FLORIDA**



Principal Place of Business Mailing Address
**F ST. CLOUD, FLORIDA
1122 KY. AVENUE
ST. CLOUD FL 34769**



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **59-1794135** 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
**PRICKETT, GLENN E.
1122 KY AVE.
SAINT CLOUD FL 34769**

7. Name and Address of New Registered Agent
Name **Jerry Landis**
Street Address (P.O. Box Number is Not Acceptable)
1606 Cypress Woods Circle
City **St. Cloud** FL Zip Code **34772**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerry Landis* DATE **8-12-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CT	<input checked="" type="checkbox"/> Delete
NAME	ANDERSAN, WILLIAM J	
STREET ADDRESS	1122 KENTUCKY AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, THERON	
STREET ADDRESS	1122 KENTUCKY AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	E	<input checked="" type="checkbox"/> Delete
NAME	TASSEL, RONALD V	
STREET ADDRESS	1122 KENTUCKY AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, BRIAN	
STREET ADDRESS	1122 KENTUCKY AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWE, MIKE	
STREET ADDRESS	1122 KENTUCKY AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Landis	
STREET ADDRESS	1606 Cypress Woods Cir.	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Covey L. Wise	
STREET ADDRESS	1106 Kentucky Ave	
CITY-ST-ZIP	St. Cloud, FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Beckman	
STREET ADDRESS	413 Louisiana 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)(l), 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: *[Signature]* SIGNATURE REQUIRED DATE **8-12-03** DAYTIME PHONE # **402-460-0502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)