## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am Secretary of State **DOCUMENT # 730922** 1. Entity Name ALL FAITHS UNITED CHURCH OF CHRIST, INC. 02-20-2002 90061 042 \*\*\*\*61.25 Principal Place of Business Mailing Address 34006 CORTEZ BLVD 34006 CORTEZ BLVD RIDGE MANOR FL 33523 RIDGE MANOR FL 33525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1712707 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PETERS, KENNETH 34522 CEDARFIELD DRIVE **RIDGE MANOR FL 33523** City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 G Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Defete TITLE (9/01 ☐ Change ☐ Addition HALL, MEL NAME NAME STREET ADDRESS 5125 WESTLAKE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGE MANOR FL 33523 Delete TITLE TITLE Change ■ Addition COUPLAND, BEN NAME NAME HOWARD CHRISTOPHER 34631 ORCHARD PARKWAY STREET ADDRESS PO BOX 485 STREET ADDRESS CITY-ST-ZIP TRIBLEY FL 33593 CITY-ST-ZIP RIDGE MANOR, FL. 33513 ☐ Delete TITI F Change Addition BLANCHARD=:EG: NAMF: STREET ADDRESS 29129 JOHNSON RD STREET ADDRESS CITY-ST-ZIP DADE CITY FL 33523 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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

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