

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90150 013 *****61.25

DOCUMENT # 730922

1. Entity Name

ALL FAITHS UNITED CHURCH OF CHRIST, INC.



Principal Place of Business

**34006 CORTEZ BLVD
RIDGE MANOR FL 33523
US**

Mailing Address

**34006 CORTEZ BLVD
RIDGE MANOR FL 33525**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1712707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERS, KENNETH
34522 CEDARFIELD DRIVE
RIDGE MANOR FL 33523**

7. Name and Address of New Registered Agent

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

SIGNATURE

Kenneth R. Peters

(NOTE: Registered Agent signature required when reinstating)

DATE

01/30/02

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **HALL, MEL**
STREET ADDRESS **5125 WESTLAKE BLVD**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE ☐ Delete
NAME **BLANCHARD, LEON**
STREET ADDRESS **29129 JOHNSON RD**
CITY-ST-ZIP **DADE CITY FL 33523**

TITLE ☒ Delete
NAME **CHRISTOPHER, HOWARD**
STREET ADDRESS **34631 ORCHARD PARKWAY**
CITY-ST-ZIP **RIDGE MANOR FL 33523**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **WILLIAM W. WARNER**
STREET ADDRESS **7055 WINDMERE ROAD**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

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

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

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:

MELBAUDE P. McHoll

JAN. 16, 2003 (352) 583-2447

CR2E037 (10/02)