

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734193

1. Entity Name

INSTITUTE FOR CHRISTIAN STUDIES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90219 002 ****61.25

Principal Place of Business

1017 E. ROBINSON STREET
ORLANDO FL 32801
US

Mailing Address

1017 E. ROBINSON STREET
ORLANDO FL 32801
US

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

59-1611206

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

BRONDSTED, LINDA REV.
1017 EAST ROBINSON ST
ORLANDO FL 32801

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	D	<input type="checkbox"/> Delete
NAME	BRONDSTED, LINDA REV	
STREET ADDRESS	130 N. MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MAULDEN, KRISTINA REV	
STREET ADDRESS	251 E. LAKE BRANTLEY DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DABNEY REV	
STREET ADDRESS	50 W STRAWBRIDGE AVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWE, JOHN W	
STREET ADDRESS	1017 E. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUND, PAUL	
STREET ADDRESS	608 LONGMEADOW CIRCLE	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. ROGER HAMILTON	
STREET ADDRESS	2499 N. WESTMORELAND DR.	
CITY-ST-ZIP	ORLANDO, FL 32804	

CR2E037 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA J. BRONDSTED 1/11/02 800/299-3567