FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am **DOCUMENT # 737057 Secretary of State** 1. Entity Name 02-24-2002 90029 045 ****61.25 SILVER STAR CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 7510 SILVER STAR ROAD 7510 SILVER STAR ROAD ORLANDO FL 32818 ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2631175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOKAR, CHESTER J Street Address (P.O. Box Number is Not Acceptable) 4748 LAKE SHARP DR. ORLANDO FL 32817 Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (XTX)elet (9/01 Change TITLE TITI F ☐ Addition WILSON, JOHN & WALTERS, CURTIS NAME NAME **545 MARGARET CT** 7629 DUNDAS STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP ORLANDO Change Change TITLE ☐ Delete TITLE ☐ Addition THRASHER, ROBERT NAME NAME 7128 MINIPPI DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-ORLANDO FL 32818 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WEATHEROY, GOERGE WEATHERLY, GEORGE NAME 2188 E.H. POUNDS DR. STREET ADDRESS STREET ADDRESS **OCOEE FL 34761** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition TOKAR, CHESTER J NAME NAME 4748 LAKE SHARP DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32817 CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachi

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