

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90005 020 ****61.25

DOCUMENT # 737371

1. Entity Name

THE SPIRITUALIST CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

U S HWY 441
P.O. BOX 233
TANGERINE FL 32777-0233

U S HWY 441
P.O. BOX 233
TANGERINE FL 32777-0233

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

59-2874660

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

TALLY, LOU
3900 LAKE CENTER DR A-4
MT DORA FL 32757-9203

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 NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, JACK YOUNG U.S. HIGHWAY 441 TANGERINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, MARLENE F. U.S. HIGHWAY 441 TANGERINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREASY, ROBERT P. U.S. HIGHWAY 441 TANGERINE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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

WALTER J. EVANS
WALTER J. EVANS
4-27-00/

Date

Daytime Phone #

CR2E037 (10/00)