2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 739769 May 22, 2000 8:00 am 1. Entity Name Secretary of State LARGO CHURCH OF CHRIST, INC. 05-22-2000 90001 006 ****61.25 Principal Place of Business Mailing Address 445 S. CLEARWATER-LARGO RD. 445 S. CLEARWATER-LARGO RD. LARGO FL 33770-3238 **LARGO FL 34640** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State LARSO 59-6557224 Not Applicable Zip Zip Country 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 DEERING, MICHAEL 2333 FEATHER SOUND DR. #E303 **CLEARWATER FL 34622** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the tate of Florida (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change Addition TD Delete TITLE TITLE sackreiter, Frances DEERING, MICHAEL NAME NAME 414 Ade. South 5127 STREET ADDRESS 2333 FEATHER SOUND DR., #A303 STREET ADDRESS CITY-ST-ZIP St. Petersburg, Fl. 33707 CITY-ST-ZIP CLEARWATER FL Addition Change D ... ☐ Delete TITLE TITLE MCNEILL, JAMES NAME STREET ADDRESS 7901:40TH AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Change Addition SD ☐ Delete TITLE TITLE NAME MILLER, KEITH NAME STREET ADDRESS STREET ADDRESS 11189 LONGHILL DR CITY-ST-ZIE CITY-ST-ZIP SEMINOLE FL Delete Addition ☐ Change TITLE CD TITLE DOBBS, GLENN NAME NAME STREET ADDRESS STREET ADDRESS 3328 WHISPERING DR S CITY-ST-ZIP CITY-ST-ZIF LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE VINT, MASON NAME STREET ADDRESS STREET ADDRESS 10265 ULMERTON RD CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME CERT WOR 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

SIGNATURE: JANGE EN STATE STATE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone ...

changed, or on an attachment with an address, with all other like empowered

, CR2E037 (9/99)