

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90164 049 *****61.25

DOCUMENT # 746420

1. Entity Name

TWENTY-SEVENTH AVENUE CHURCH OF CHRIST, INC:



Principal Place of Business

**514 S W 27TH AVENUE
POST OFFICE BOX 6146
OCALA FL 32678-3146**

Mailing Address

**27TH AVE CHURCH OF CHRIST
P O BOX 6146
OCALA FL 34478-6146
US**

70035702



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0030720**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARTER, VERLON L
1401 N.W. 19TH AVENUE
OCALA FL 34475**

Name

George Graham JR

Street Address (P.O. Box Number is Not Acceptable)

5105 SE 102nd

City

Belleview

FL

Zip Code

34420

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

George Graham JR

George Graham JR

4-6-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN W	
STREET ADDRESS	10120 NW HWY 318	
CITY-ST-ZIP	REDDICK FL	
TITLE	ADC	<input checked="" type="checkbox"/> Delete
NAME	GARY, LAMAR	
STREET ADDRESS	8996 SE 90TH AVE. RD.	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JAMES, RICHARD RAY	
STREET ADDRESS	2822 N.E. 4TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDSEY, ALPHONSO	
STREET ADDRESS	7 BROOK LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, JOE L	
STREET ADDRESS	516 SW 27 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREWTON, TONY	
STREET ADDRESS	2836 N.E. 8TH TERRACE	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ADC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, Rudolph	
STREET ADDRESS	3856 SE 80th Ave	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dion Richardson	
STREET ADDRESS	2217 SW 2nd St	
CITY-ST-ZIP	Ocala, Fla 34474	
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	Douglas P Webb	
STREET ADDRESS	2214 NW 42nd St	
CITY-ST-ZIP	34475 Ocala, FL	

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:

Douglas P Webb

4-6-03 382 216-5462

CR2E037 (10/02)