

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0073648

DOCUMENT # 750673

1. Entity Name

FIFTY-THIRD AVENUE CHURCH OF CHRIST, INC.

03-13-2001 90309 046 ****61.25

Principal Place of Business

Mailing Address

3412 53RD AVE E
 BRADENTON FL 34203

3412 53RD AVE E
 BRADENTON FL 34203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1984751**

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

WALLACE, JAMES M.
420 12TH ST W.
BRADENTON FL 33505

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	VPD MOORE, WILEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5111-3RD AVE.DRIVE,N.W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME	PD JONES, CHARLES F	<input type="checkbox"/> Delete
STREET ADDRESS	4736 LONGLEAF LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	TD ALLEN, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	3308 56TH TERRACE E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE NAME	D GERBITZ, EDWARD J	<input type="checkbox"/> Delete
STREET ADDRESS	3454 YUNGE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	SD HOWE, A W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	335 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	VPD HARVEY, STEVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4400 LOST FORREST RD.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	S/D MICHAELSON, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4430 W ADDISON PLACE	
CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE *Charles F. Jones* **RE CHARLES F. JONES, PRES/DIC** 3/7/2001 (941) 924-4220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)