

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90005 019 \*\*\*\*61.25

**DOCUMENT # 759877**

1. Entity Name

**FIRST COAST CHRISTIAN CENTER OF THE ASSEMBLIES O**

Principal Place of Business

Mailing Address

2724 NEW BERLIN RD  
 JACKSONVILLE FL 32226-1756

2724 NEW BERLIN RD  
 JACKSONVILLE FL 32226-1756

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

**59-1944384**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICARDO, ANTHONY**  
**11272 SAMUEL DR**  
**JACKSONVILLE FL 32218**

Name

**Kenneth Sapp**

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

**14106 Yellow Bluff Rd.**

City

**Jax.**

**FL**

Zip Code

**32226**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-1-2000**

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	PD	<input type="checkbox"/> Delete
NAME	FRUSCELLA, PERRY M	
STREET ADDRESS	3040 HUCKLEBERRY LANE	
CITY-ST-ZIP	JAX FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RICARDO, ANTHONY	
STREET ADDRESS	11272 SAMUEL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, DUANE	
STREET ADDRESS	RT 2 BOX 1102	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Sapp	
STREET ADDRESS	14106 Yellow Bluff Rd.	
CITY-ST-ZIP	Jax. FL. 32226	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin Szeremi	
STREET ADDRESS	12457 Sapp Rd.	
CITY-ST-ZIP	Jax. FL. 32226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(f), 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-2000 9047577641**

Date Daytime Phone #

CR2E037 (9/99)