

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759909

1. Entity Name

CHRISTIAN EDUCATION CENTER, INC.

**FILED**  
**Sep 01, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90004 021 \*\*\*\*70.00

Principal Place of Business

C/O WANDA L BELEW  
 3718-31ST AVE N  
 SAINT PETERSBURG FL 33713

Mailing Address

C/O WANDA L BELEW  
 3718-31ST AVE N  
 SAINT PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2116701

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

BELEW, WANDA L  
 3718-31ST AVE N  
 ST PETERSBURG FL

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**  
**After September 13, 2000 min. will be \$236.25**

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 ☐ Delete  
 NAME BELEW, WANDA L  
 STREET ADDRESS 3718-31ST AVE N  
 CITY-ST-ZIP ST PETERSBURG FL

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

TITLE VD ☐ Delete  
 NAME LEONARD, SHAWN  
 STREET ADDRESS 6311 66TH AVE NORTH  
 CITY-ST-ZIP PINELLAS PARK FL 33781

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

TITLE SD ☐ Delete  
 NAME GRIM, DOTKIN (DOTTIE  
 STREET ADDRESS 2524 - 47TH AVE N  
 CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE TD ☐ Delete  
 NAME MOONEY, LISA M  
 STREET ADDRESS 3017 18TH STREET NORTH  
 CITY-ST-ZIP SAINT PETERSBURG FL 33713

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

*Wanda L. Belew*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phone 727-328-1971

Wanda L. Belew 8-30-2000 727-328-1971

CR2E037 (5/00)