2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761978

1. Entity Name

MISSIONARY CHURCH FLORIDA DISTRICT INC.

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FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90008 032 ****61.25

Principal Place of Business
304 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address
304 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 31-1018785 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STROTHER, MAX
304 MONTICELLO DRIVE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STROTHER, MAX	NAME	
STREET ADDRESS	304 MONTICELLO DR	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	CITY-ST-ZIP	
TITLE	DS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUNT, DUANE	NAME	
STREET ADDRESS	2583 THORNHILL RD	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	~~KNIGHT, HAROLD~~	NAME	Glenn Carte
STREET ADDRESS	~~2600 WARWICK TERRACE~~	STREET ADDRESS	405 Merydith Way South
CITY-ST-ZIP	~~PALM HARBOR FL 34685~~	CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	D ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	DEWEESE, BILL	NAME	DeWeese, William
STREET ADDRESS	754 ARTHUR'S CT	STREET ADDRESS	754 Arthur's Ct
CITY-ST-ZIP	TARPON SPRINGS FL 34689	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (5/00)

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.

407-339-2532

SIGNATURE: SIGNATURE REQUIRED Aug 20, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #