

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90020 041 \*\*\*\*61.25

7-1221

**DOCUMENT # 761978**

1. Entity Name

**MISSIONARY CHURCH FLORIDA DISTRICT INC.**

Principal Place of Business

**304 MONTICELLO DRIVE  
 ALTAMONTE SPRINGS FL 32701**

Mailing Address

**304 MONTICELLO DRIVE  
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1018785**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**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**

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**

TITLE **D**  Delete  
 NAME **STROTHER, MAX**  
 STREET ADDRESS **304 MONTICELLO DR**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DS**  Delete  
 NAME **HUNT, DUANE**  
 STREET ADDRESS **2583 THORNHILL RD**  
 CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE **D**  Delete  
 NAME **CATE, GLENN**  
 STREET ADDRESS **405 MERYDITH WAY SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D**  Delete  
 NAME **DEWEESE, WILLIAM**  
 STREET ADDRESS **754 ARTHUR'S CT**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DIC**  Change  Addition  
 NAME **Strother, MAX**  
 STREET ADDRESS **304 Monticello Dr**  
 CITY-ST-ZIP **Altamonte Spgs FL 32701**

TITLE **D**  Change  Addition  
 NAME **Hunt, Duane**  
 STREET ADDRESS **133 Ruby Lake Drive**  
 CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **S**  Change  Addition  
 NAME **CATE, Glenn**  
 STREET ADDRESS **405 MERYDITH WAY S.**  
 CITY-ST-ZIP **St. Petersburg FL 33707**

TITLE **T**  Change  Addition  
 NAME **Deweese, William**  
 STREET ADDRESS **754 ARTHUR'S CT**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE  Change  Addition  
 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:** **SIGNATURE REQUIRED** **MAX Strother** 3/6/01 407-339-2532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)