

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 761978

FILED
Mar 14, 2002 8:00 AM
Secretary of State

Entity Name: MISSIONARY CHURCH FLORIDA DISTRICT INC.

Current Principal Place of Business:

304 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

304 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 31-1018785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROTHER, MAX
304 MONTICELLO DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: STROTHER, MAX,
Address: 304 MONTICELLO DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HUNT, DUANE,
Address: 2583 THORNHILL RD
City-St-Zip: AUBURNDALE, FL 33823

Title: S () Delete
Name: CATE, GLENN
Address: 405 MERYDITH WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: T () Delete
Name: DEWEESE, WILLIAM
Address: 754 ARTHUR'S CT
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HEDEGAARD, JOHN D
Address: 2425 SMITHFIELD DRIVE
City-St-Zip: ORLANOD, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX STROTHER

DC

03/14/2002

Electronic Signature of Signing Officer or Director

_____ Date