

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762517

1. Entity Name

BELLEVUE CHURCH OF CHRIST, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90826 018 ****70.00

0066630

Principal Place of Business	Mailing Address
12355 S.E. HWY 441 P O BOX 1557 BELLEVUE FL 34421 US	12355 S.E. HWY 441 P O BOX 1557 BELLEVUE FL 34421 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2421786	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
BLACKWELL, MERLIN W 7480 S.E. 114TH LANE BELLEVUE FL 34420

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SPURLOCK, DON 10863 SE 45TH AVE BELLEVUE FL 34420 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACKWELL, MERLIN W 7480 SE 114TH LANE BELLEVUE FL 34420 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNG, MAX 12655 S.E. U5301 BELLVIEW FL 34420 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Merlin W. Blackwell* MERLIN W. Blackwell - 3/20/02 - 352 3078034

CR2E037 (9/01)