

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764556

1. Entity Name

MARINER BOULEVARD CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

11025 RIPLEY STREET
P.O. BOX 3503
SPRING HILL FL 34606

11025 RIPLEY STREET
P.O. BOX 3503
SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2868614

Applied For

Not Applicable

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

NITZ, DAVID
8201 GOLDEN BEAR LOOP
PORT RICHEY FL 34668

Name BAIRD, WES

Street Address (P.O. Box Number is Not Acceptable)

2336 LAKE FOREST AVE

City Spring Hill

FL

Zip Code 34609

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

Wes Baird

Wes Baird DT

03/26/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME JOHNSON, CHARLES ☐ Delete
STREET ADDRESS 1477 N FAYETTEVILLE DR.
CITY-ST-ZIP SPRING HILL FL

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

TITLE D
NAME PERRY, KIM ☐ Delete
STREET ADDRESS MARY'S FISH CAMP
CITY-ST-ZIP SPRING HILL FL

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

TITLE D ☒ Delete
NAME MEGRONIGLE, RICHARD
STREET ADDRESS 3471 PLAZA AVE
CITY-ST-ZIP SPRING HILL FL 34608

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

TITLE D ☐ Delete
NAME MCGEHEE, GUENTELLE
STREET ADDRESS 7413 SOUTH PINEHURST DR
CITY-ST-ZIP SPRING HILL FL

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

TITLE DT ☒ Delete
NAME NITZ, DAVID
STREET ADDRESS 8201 GOLDEN BEAR LOOP
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE DS ☐ Delete
NAME BAIRD, WES
STREET ADDRESS 2336 LAKE FOREST AVE
CITY-ST-ZIP SPRING HILL FL 34609

TITLE DT ☒ Change ☐ Addition
NAME BAIRD
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:

Wes Baird REQUIRES BAIRD

03/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0088368

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90088 037 ****61.25



DO NOT WRITE IN THIS SPACE