

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90128 004 ****61.25

DOCUMENT # 765020

1. Entity Name

CARRABELLE CHRISTIAN CENTER, INC.



Principal Place of Business

**136 RIVER ROAD
CARRABELLE FL 32322
US**

Mailing Address

**P.O. BOX 0
CARRABELLE FL 32322
US**

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 **59-2440551**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MILLENDER, GARRY J
502 13TH ST. WEST
CARRABELLE FL 32322**

7. Name and Address of New Registered Agent

Name **Donald B. Carroll**
Street Address (P.O. Box Number is Not Acceptable)
564 River Rd
City **Carrabelle** FL Zip Code **32322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald B. Carroll, Donald B. Carroll

1-3-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOLSBEE, RICHARD	
STREET ADDRESS	2043 LIGHTHOUSE RD.	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MILLENDER, GARY J.	
STREET ADDRESS	502 13TH ST. WEST	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARROIL, DONALD B	
STREET ADDRESS	564 RIVER ROAD	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	MURRAY, ROBERT	
STREET ADDRESS	107 SPIL CRT	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	232 River Rd	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald B. Carroll

1-3-03

850-697-3232

CR2E037 (10/02)