

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768180

1. Entity Name

THE CHURCH OF THE LOST AND FOUND, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90052 050 ****70.00

Principal Place of Business	Mailing Address
C/O DANIEL K. DUNN 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614 US	C/O DANIEL K. DUNN 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614-3930 US



DO NOT WRITE IN THIS SPACE

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

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1296147	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

DUNN, DANIEL K
8304 KIRKWOOD DR
TAMPA FL 33634

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLEN, RICH 10751 GLEN ELLEN DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VENZOR, OSCAR 8619 LEIGHTON DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUHE, FRITZ 6020 LAKESIDE DR LUTZ FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DANIEL K 8837 BRENNAN CIRCLE, APT 104 TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5052 BARROWE DRIVE TAMPA FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8304 KIRKWOOD DRIVE TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: DANIEL K. DUNN **SIGNATURE REQUIRED** 25 JAN 00 (813) 935-1400

CR2E037 (9/99)