

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90095 035 \*\*\*\*61.25

**DOCUMENT # 768926**

1. Entity Name

**HARGRAVE CHURCH OF CHRIST, INC**

Principal Place of Business

Mailing Address:

**710 WEST HARGRAVE STREET  
 ROUTE 8, BOX 835  
 ARCADIA FL 33821**

**710 WEST HARGRAVE STREET  
 ROUTE 8, BOX 835  
 ARCADIA FL 34266-6977**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0018313**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RICHARDSON, LONNIE  
 107 WATSON AVENUE  
 ARCADIA FL 33821  
 34266**

Name

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

City

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  
 NAME **RICHARDSON, LONNIE**  
 STREET ADDRESS **107 WATSON AVENUE**  
 CITY-ST-ZIP **ARCADIA FL**

☐ Delete

TITLE **VCD**  
 NAME **DARNEIL BROWN**  
 STREET ADDRESS **1225 S.E. Ohio Ave.**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☐ Change ☐ Addition

TITLE **SD**  
 NAME **RICHARDSON, RAYMOND**  
 STREET ADDRESS **308 SOUTH LEE AVE.**  
 CITY-ST-ZIP **ARCADIA FL**

☐ Delete

TITLE **T**  
 NAME **DOPHIAL E William**  
 STREET ADDRESS **1225 S.E. Ohio Ave.**  
 CITY-ST-ZIP **ARCADIA FL 34266**

☐ Change ☐ Addition

TITLE **VCD**  
 NAME **COONE, RICHARD S**  
 STREET ADDRESS **907 S ORANGE AVE**  
 CITY-ST-ZIP **ARCADIA FL**

☒ Delete

TITLE **V.C.D.**  
 NAME **Darrell Brown**  
 STREET ADDRESS **710 West Hargrave St.**  
 CITY-ST-ZIP **Arcadia Fl. 34266**

☐ Change ☐ Addition

TITLE **T**  
 NAME **PRIMUS, DAVID**  
 STREET ADDRESS **1246 SW MELODY DR**  
 CITY-ST-ZIP **ARCADIA FL**

☒ Delete

TITLE **T**  
 NAME **DARNEIL BROWN**  
 STREET ADDRESS **710 West Hargrave St.**  
 CITY-ST-ZIP **Arcadia Fl. 34266**

☐ Change ☐ Addition

TITLE **T**  
 NAME **DARNEIL BROWN**  
 STREET ADDRESS **710 West Hargrave St.**  
 CITY-ST-ZIP **Arcadia Fl. 34266**

☐ Delete

TITLE **T**  
 NAME **DARNEIL BROWN**  
 STREET ADDRESS **710 West Hargrave St.**  
 CITY-ST-ZIP **Arcadia Fl. 34266**

☐ Change ☐ Addition

TITLE **T**  
 NAME **DARNEIL BROWN**  
 STREET ADDRESS **710 West Hargrave St.**  
 CITY-ST-ZIP **Arcadia Fl. 34266**

☐ Delete

TITLE **T**  
 NAME **DARNEIL BROWN**  
 STREET ADDRESS **710 West Hargrave St.**  
 CITY-ST-ZIP **Arcadia Fl. 34266**

☐ 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:

**RAYMOND RICHARDSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mar. 12, 2000**

Date

Daytime Phone #

**863/491 0774**

CR2E037 (9/99)