

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90130 010 ****62.25

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 33821**

C0010041



DO NOT WRITE IN THIS SPACE

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 34266**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | RICHARDSON, LONNIE | |
| STREET ADDRESS | 107 WATSON AVENUE | |
| CITY-ST-ZIP | ARCADIA FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RICHARDSON, RAYMOND | |
| STREET ADDRESS | 308 SOUTH LEE AVE. | |
| CITY-ST-ZIP | ARCADIA FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILLIAM, DOPHIAL E | |
| STREET ADDRESS | 1225 SE OHIO AVE | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | BROWN, DARNELL | |
| STREET ADDRESS | 712 W HARARAVE ST | |
| CITY-ST-ZIP | ARCADIA FL 34266 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| 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 | | |
| 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 | | |
| 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: *Raymond J. Richardson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-001 *494-5835*
 Date Daytime Phone #

CR2E037 (10/00)