

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90028 007 ****61.25

DOCUMENT # 768926

1. Entity Name

HARGRAVE CHURCH OF CHRIST, INC

Principal Place of Business

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

Mailing Address

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

New Address

2. Principal Place of Business

710 W. M.L.K. JR STREET

3. Mailing Address

710 W. M.L.K. JR STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA FL 34266

City & State

ARCADIA, FL 34266

Zip

Country

Zip

Country

4. FEI Number

65-0018313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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

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

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

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

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

TITLE **T** ☐ Delete
 NAME **WILLIAM, DOPHIAL E**
 STREET ADDRESS **1225 SE OHIO AVE**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE **VCD** ☒ Delete
 NAME **BROWN, DARNELL**
 STREET ADDRESS **712 W HARGRAVE ST**
 CITY-ST-ZIP **ARCADIA FL 34266**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

1-6-02

493 2754

Date

Daytime Phone #

CR2E037 (9/01)