

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 855922**

1. Entity Name

CHRIST FOR YOU EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

NC.
10791 NW 21ST PLACE
CORAL SPRINGS FL 33071

Mailing Address

NC.
10791 NW 21ST PLACE
CORAL SPRINGS FL 33071

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90009 009 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

04-2724255

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

TOPPING, STEWART E., JR.
10791 NW 21ST PLACE
CORAL SPRINGS FL 33071

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPD
TOPPING, STEWART E., JR.
10791 NW 21ST PLACE
CORAL SPRINGS FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTD
TOPPING, CAROLYN L.
10791 NW 21ST PLACE
CORAL SPRINGS FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
PREVOST, SANDRA
104 PEBBLE LANE
BRANDON MS 39042☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
PREVOST, MARK
104 PEBBLE LANE
BRANDON MS 39042☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ 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:

7/24/01

954-255-0334

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CR2E037 (5/01)