

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90193 049 *****61.25

DOCUMENT # F01000002198

1. Entity Name

AMERICAN FAMILY COALITION OF FLORIDA, INC.



Principal Place of Business

**AFC ATTN: GARY CHIDESTER
9758 NW 4TH LANE
MIAMI FL 33172**

Mailing Address

**AFC ATTN: GARY CHIDESTER
9758 NW 4TH LANE
MIAMI FL 33172**

2. Principal Place of Business

PO Box 266 261

Suite, Apt. #, etc.

3. Mailing Address

PO Box 266 261

Suite, Apt. #, etc.

City & State

WESTON

City & State

WESTON

4. FEI Number **65-1092472**

Applied For

Not Applicable

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **FREYSTATTER, GUNTER**
STREET ADDRESS **10020 SW 8TH ST.**
CITY-ST-ZIP **PEMBROKE FL**

TITLE **VD** ☐ Delete
NAME **CUTTS, THOMAS**
STREET ADDRESS **269 MERRYDALE DR., SW**
CITY-ST-ZIP **MARIETTA GA**

TITLE **CD** ☐ Delete
NAME **CHIDESTER, GARY**
STREET ADDRESS **9758 NW 4TH LANE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST M** ☐ Change ☒ Addition
NAME **KANA-LISA FREYSTATTER**
STREET ADDRESS **10020 SW 8 ST**
CITY-ST-ZIP **PEMBROKE PARK FL 33025**

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

TITLE ☐ Change ☐ Addition
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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 **GUNTER** **4/20/03** **(954) 648-4619**

CR2E037 (10/02)