

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90005 030 \*\*\*\*61.25

DOCUMENT # N000000000100

1. Entity Name

THE CHURCH OF CREATIVE CONSCIOUSNESS, INC.

Principal Place of Business

812 SOUTH ST. #4  
 812 S. ST. #4  
 KEY WEST FL 33040

Mailing Address

812 SOUTH ST. #4  
 812 S. ST. #4  
 KEY WEST FL 33040

2. Principal Place of Business

812 SOUTH ST. #4  
 Suite, Apt. #, etc. #4

3. Mailing Address

SAME  
 Suite, Apt. #, etc.

City & State

KEY WEST, FL.

City & State

KEY WEST, FL.

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

4. FEI Number

N000000000100

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DORNHEIM, CURT H.

812 SOUTH ST. #4  
 KEY WEST FL 33040

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

PASTOR

MARCH 20, 2000

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

TITLE CHAIR PERSON & TREASURER ☐ Delete  
 NAME REV. CURT H. VON DORNHEIM T  
 STREET ADDRESS 812 SOUTH ST. #4  
 CITY-ST-ZIP KEY WEST, FL 33040

TITLE TRUSTEE ☐ Delete  
 NAME MR. CHARLES DOYLE T  
 STREET ADDRESS 808 SOUTH ST. #4  
 CITY-ST-ZIP KEY WEST, FL 33040

TITLE TRUSTEE ☐ Delete  
 NAME MS. DAWN BLAKE T  
 STREET ADDRESS 3444 FLAGLER AVE.  
 CITY-ST-ZIP KEY WEST, FL 33040

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 20, 2000

Date

305-296-2691

Daytime Phone #

CR2E037 (9/99)