

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90014 039 ****61.25

DOCUMENT # N00000000161

1. Entity Name:
THE BRIDE OF CHRIST, INC.

Principal Place of Business
**10502 CLARICONA-OCOE ROAD
 APOPKA FL 32712**

Mailing Address
**5565 CINDERLAND PKWY., APT. 190
 ORLANDO FL 32808**



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

59-3643838

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

**STOREY, CHARLES
 5565 CINDERLAND PKWY., APT. 190
 ORLANDO FL 32808**

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 Charles Storey
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-02

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

☐ Change ☐ Addition

TITLE NAME ☐ Delete
P STOREY, CHARLES
 STREET ADDRESS **5565 CINDERLAND PKWY. APT. 190**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
V STOREY, CAROL
 STREET ADDRESS **5565 CINDERLAND PKWY. APT. 190**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
T STEFFIE, RICHARD
 STREET ADDRESS **5565 CINDERLAND PKWY. APT. 190**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
T ROLLAND, LINDA
 STREET ADDRESS **5565 CINDERLAND PKWY. APT. 190**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Roland, Linda E
111 S. Apollo Dr.
Apopka, FL 32703

☒ Change ☐ Addition

TITLE NAME ☐ Delete
S LILE, DAWN
 STREET ADDRESS **1902 PEGASUS DR**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
T LILE, TOM
 STREET ADDRESS **1902 PEGASUS DR**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE 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:

Dawn Lile
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/102 (407) 880-1216

CR2E037 (9/01)