

2002 UNIFORM BUSINESS REPORT (UBR)

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

001299

DOCUMENT # N00000001271

1. Entity Name

ALL FAITH CHAPEL, INC.

~~ALL FAITH CHAPEL, INC. CASHIER COMPANY~~

Principal Place of Business

Mailing Address

54 SUNSET DR.
TITUSVILLE FL 32780

54 SUNSET DR.
TITUSVILLE FL 32780

2. Principal Place of Business

743 PLANTATION DRIVE

3. Mailing Address

743 PLANTATION DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE, FL

City & State

TITUSVILLE, FL

Zip

32780

Country

BREVARD

Zip

32780

Country

BREVARD

4. FEI Number

59-3692682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUDZIL, CLAUDE A
54 SUNSET DR.
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name REV. MICHAEL J. GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

743 PLANTATION DRIVE

City TITUSVILLE

FL

Zip Code

32780

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 REV. MICHAEL J. GALLAGHER Dir. *Rev. Michael J. Gallagher* 1/15/02
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

TITLE	D	<input type="checkbox"/> Delete
NAME	OTTENI, AL	
STREET ADDRESS	411 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAMAN, RICHARD	
STREET ADDRESS	789 E. PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NACKMAN, JUSTINE	
STREET ADDRESS	515 FAIRWAY DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUDZIL, CLAUDE A	
STREET ADDRESS	54 SUNSET DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOUCHARD, MICHEL	
STREET ADDRESS	248 PLANTATION DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. MICHAEL J. GALLAGHER	
STREET ADDRESS	743 PLANTATION DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* RICHARD SEAMAN Dir 1/11/02 321-268-5048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)