

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001438

1. Entity Name
The Children's Church Hospital, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address
6654 Hiawassee Mdws. Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, Florida

Zip

Country

Zip
32818-1775

Country
USA

4. FEI Number

31-1768828

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Daniel J. Webster
The Children's Church Hospital, Inc.
347 S Ridgewood Avenue
Daytona Beach, Florida 32114-4934

7. Name and Address of New Registered Agent

Name
The Children's Church Hospital, Inc.
Registered Agent (P.O. Box Number is Not Acceptable)
Dorothy L. Glover
6654 Hiawassee Meadows Drive
City
Orlando, FL Zip Code
32818-1775

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

Dorothy L. Glover
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06-27-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Incorporator/Trustee
Gillard S. Glover
16 Village Circle
Palm Coast, Florida 32137 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Incorporator/Trustee ☒ Delete
Dorothy L. Glover
6654 Hiawassee Meadows Drive
Orlando, Florida 32818-1775 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Founder/Director/Trustee ☒ Change ☐ Addition
Dorothy L. Glover
6654 Hiawassee Meadows Drive
Orlando, Florida 32818-1775

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Same as above ☒ Change ☐ Addition
400004481674--8
-07/17/01--01083--035
*****70.00 *****70.00 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Trustee
Beatrice Cummings
4719 Miranda Circle Orl., Fl. 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Trustee/Incorporator ☐ Change ☐ Addition
Joe C. Glover, Sr.
6654 Hiawassee Meadows Drive
Orlando, Florida 32818-1775

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
He is to remain on the Business ☐ Change ☒ Addition
Trustee

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
Johnnie M. Glover
1135 Martin Luther King Dr.
Orlando, Florida 32805

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: *Dorothy L. Glover* Dorothy L. Glover 06-27-01 407-290-1780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)