

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-01-2001 90118 012 ****61.25

DOCUMENT # N00000001850

1. Entity Name

CHURCH IN THE PINES, INC.

Principal Place of Business

Mailing Address

66 CUNA ST. SUITE A
 ST AUGUSTINE FL 32084

66 CUNA ST. SUITE A
 ST AUGUSTINE FL 32084

Church in The Pines

2. Principal Place of Business

3. Mailing Address

3970 FLAGLER ESTATES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HASTINGS FL

4. FEI Number

59-36378-28

Applied For

Not Applicable

Zip

Country

Zip

Country

32145

ST Johns

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

BROWN, RONALD W
 66 CUNA ST, SUITE A
 ST AUGUSTINE FL 32084

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

Joyce H. Dupont

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUPONT, JOYCE P O BOX 847 HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, DORIS 9640 HUSKINS BLVD HASTINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULPEPPER, JACK 9815 LIGHT AVE HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, C E P O BOX 847 HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, STEPHANIE 9615 BAYLOR AVE HASTINGS FL 32145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joyce H. Dupont

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

Date

904-692-3802

Daytime Phone #

CR2E037 (10/00)