

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

02-20-2002 90098 009 ****61.25

DOCUMENT # N00000001850
 1. Entity Name
CHURCH IN THE PINES, INC.

Principal Place of Business Mailing Address
66 CUNA ST. SUITE A AUGUSTINE FL 32084 **3970 FLAGLER ESTATES BLVD HASTINGS FL 32145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **66 CUNA STREET**
 Suite, Apt. #, etc. **SUITE A**

3. Mailing Address **3970 FLAGLER ESTATES BLVD**
 Suite, Apt. #, etc.

City & State **ST AUGUSTINE FL.** City & State **HASTINGS FL**

4. FEI Number **59-3637828** Applied For Not Applicable

Zip **32084** Country **USA** Zip **32145** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROWN, RONALD W
68 CUNA ST, SUITE A
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
 Name **BROWN, RONALD W.**
 Street Address (P.O. Box Number is Not Acceptable)
66 CUNA STREET, SUITE A
 City **ST AUGUSTINE FL** Zip Code **32084**

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 _____ (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 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 9840 HUSKINS BLVD HASTINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULPEPPER, JACK 8815 LIGHT AVE HASTINGS FL 32145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, C E P O BOX 847 HASTINGS FL 32145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, STEPHANIE 9815 BAYLOR AVE HASTINGS FL 32145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENIOR WARDEN ASHBY JOHN T. 9825 KIRCHHERR AVENUE HASTINGS FL 32145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREASURER CONNOLLY BETTY 1741 CENTRAL AVENUE FLAGLER BEACH FL 32136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECRETARY ASHBY EVELYN 9825 KIRCHHERR AVENUE HASTINGS FL 32145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNIOR WARDEN JONES FRED 9615 BAYLOR AVENUE HASTINGS FL 32145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VESTRY MEMBER DUPONT, JOYCE PO BOX 847 HASTINGS FL 32145	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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: **JOHN T. ASHBY** **REQUEST ASHBY** **2/4/2002** **(904) 692-3997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)