

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002667

1. Entity Name

FLORIDA CHRISTIAN CHILDREN'S ASSOCIATION, INC.

FILED

May 03, 2002 8:00 am
Secretary of State

05-03-2002 90037 039 ****61.25

Principal Place of Business

4546 S. SEMORAN BLVD., #740
ORLANDO FL 32822

Mailing Address

4546 S. SEMORAN BLVD., #740
ORLANDO FL 32822

2. Principal Place of Business

3567 Gatlin Pl. Cir
Suite, Apt. #, etc.

3. Mailing Address

3567 Gatlin Pl. Cir
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3650056

Applied For

Not Applicable

Zip

Country

32812

US

Zip

Country

32812

US

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

BISHOP, DANNA L
4546 S. SEMORAN BLVD., #740
ORLANDO FL 32822

Name DANNA Bishop

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

3567 Gatlin Pl. Cir

City Orlando

FL

Zip Code 32812

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/02

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

TITLE D ☐ Delete
NAME BISHOP, DANNA L
STREET ADDRESS 4546 S SEMORAN BLVD #740
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DECARR, ANGEL
STREET ADDRESS 4287 PARK SIDE DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COX, BOBBY
STREET ADDRESS 14037 FAIRWAY ISLAND DR #211
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 407-273-5111
Date Daytime Phone #

CR2E037 (9/01)