

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002970

1. Entity Name

THE CHATTAHOOCHEE CHURCH OF CHRIST, INC.

Principal Place of Business

775 MORGAN AVE.
CHATTAHOOCHEE FL 32324

Mailing Address

775 MORGAN AVE.
CHATTAHOOCHEE FL 32324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NEWELL, CHARLES F
775 MORGAN AVE.
CHATTAHOOCHEE FL 32324

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NEWELL, TED
P.O. BOX 983
CHATTAHOOCHEE FL 32324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
NEWELL, CHARLES F
775 MORGAN AVE.
CHATTAHOOCHEE FL 32324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WYATT, ALBERT L
P.O. BOX 565
SNEADS FL 32460 ☐ 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
TD
Newell, Ted
302 E. Second St.
Panama City FL 32401 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE REQUIRED

3-21-01

850-663-7573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90029 034 ****61.25



DO NOT WRITE IN THIS SPACE