

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000004805**

1. Entity Name

**CHRISTIAN ACTIVITIES' ORGANIZATION OF CENTRAL FL
ORIDA, INC.**

Principal Place of Business

Mailing Address

**6876 SILVER STAR ROAD
ORLANDO FL 32818****6876 SILVER STAR ROAD
ORLANDO FL 32818**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3757303

Applied For

Not Applicable

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

**CHARLESTON, DAVID A REV.
6876 SILVER STAR ROAD
ORLANDO FL 32818**

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 \$61.259. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DCHR CHARLESTON, DAVID A REV. 3827 WHITE HERON DR ORLANDO FL 32808	<input type="checkbox"/>		<input type="checkbox"/>
D INELUS, LOUIS REV. 2117 WOLF ROAD ORLANDO FL 32808	<input type="checkbox"/>		<input type="checkbox"/>
DS JOACHIN, JULIEN REV. 3311 N POWERS DR ORLANDO FL 32818	<input type="checkbox"/>		<input type="checkbox"/>
D BRUNO, JACQUES REV. 4919 INDIANLANTIC DR ORLANDO FL 32808	<input type="checkbox"/>		<input type="checkbox"/>
D ST. FLEUR, MAXI REV. 2444 ATRIUM CIRCLE ORLANDO FL 32808	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E037 (9/01)

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: DAVID A. CHARLESTON 4/28/02 (321) 277-6395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #