

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 005 ****70.00

DOCUMENT # **NEW CHRISTIAN DEVELOPMENT CH**
1. Entity Name **NO1000005339**

118496

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2526 Truman Ave
Suite, Apt. #, etc.

3. Mailing Address
538-B Paula Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pensacola FL
Zip
32507
Country
USA

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4. FEI Number
59-3736426
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Cynthia A. Everhart**
Street Address (P.O. Box Number is Not Acceptable)
538-B Paula Ave
Pensacola FL
City **Pensacola** FL Zip Code **32507**

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 **Cynthia Everhart** *Cynthia Everhart* **11 JUNE 2002**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 **DP**
NAME **Clarence Marks**
STREET ADDRESS **2875 W. Michigan Ave PMB 174**
CITY-ST-ZIP **PENSACOLA FL 32526-1874**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT**
NAME **Jessie J. Johnson**
STREET ADDRESS **P.O. Box 4946**
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS**
NAME **Lula M. Marks**
STREET ADDRESS **4021 ERRESS Blvd**
CITY-ST-ZIP **Pensacola FL 32505**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **Cynthia A. Everhart**
STREET ADDRESS **538-B Paula Ave**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Cynthia A. Everhart** *Cynthia A. Everhart* **6/11/02 (850) 452-7635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)