2002 UNIFORM BUSINESS REPORT (UBR)

2.

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

02-21-2002 90119 031 ****61.25

21086

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000008573

1. Entity Name

THE ALLIANCE FOR THE DISTRIBUTED CHURCH, INC.

Principal Place of Business	Mailing Address
530 DOG TRACK RD LONGWOOD FL 32750-6546	530 DOG TRACK RD LONGWOOD FL 32750-6546

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 01-0584557 — ✓ 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
PAGE, THOMAS P 227 S ORLANDO AVE STE 1-A WINTER PARK FL 32789	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOY, RANDALL DR.	NAME	
STREET ADDRESS	3093 TIMPANA PT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779-3108	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LOY, JULIE	NAME	
STREET ADDRESS	3093 TIMPANA PT	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779-3108	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOLDENHOVEN, KEN	NAME	
STREET ADDRESS	104 SPRING LAKE LN	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-6507	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOLDENHOVEN, LINDA	NAME	
STREET ADDRESS	104 SPRING LAKE LN	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-6507	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUNTER, JOEL DR.	NAME	
STREET ADDRESS	203 SAVANNAH PK LOOP	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUNTER, BECKY	NAME	
STREET ADDRESS	203 SAVANNAH PK LOOP	STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL 32707	CITY-ST-ZIP	

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: SIGNATURE REQUIRED Sec'y 2/8/02 407-629-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #