2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100008573

Entity Name

THE ALLIANCE FOR THE DISTRIBUTED CHURCH, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90775 017 ****70.00

					_				
530 DOG TRACK RD 530 D		Mailing Address 530 DOG TRACK RD LONGWOOD FL 32750-6546	0 DOG TRACK RD		()88(118) \$40.8	848) 64 8 4) 88221 8811	38111 88111 B9161 18161 AUI	1888 3	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			010007001			Applied For Not Applicable	3
Zip Country		Zip	ip Country		5. Certificate of S	XX \$8.75	\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	naiotored Asset			7. Name and Ado	drage of Naw E	· · · · · · · · · · · · · · · · · · ·		\dashv
· · · · · · · · · · · · · · · · · · ·	o. Name and Address of Current Ad	egistered Agent	Name		7. Name and Ad	uless of New P	egistered Agent		\dashv
PAGE, THOMAS P 227 S ORLANDO AVE STE 1-A				Street Address (P.O. Box Number is Not Acceptable)					
WINTER	PARK FL 32789								1
			City				FL Zip C	ode	
	named entity submits this statement for t	he purpose of changing its	registered office	or register	ed agent, or both, in	the State of Flo	orida. I am familiar wit	h, and accept	
the obliga	tions of registered agent.								
SIGNATURE		ACT TO THE PARTY OF THE PARTY O					DATE		
5	Signature, typed or printed name of registered agent and	з кие п аррисавіе. (NOTE	: Registered Agent sig	nature required	when reinstating)		DAIE		
- 4	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			•
10.	OFFICERS AND DIRE	CTORS	T 11.		ADDITIONS/CHANG	ES TO DEFICE	RS AND DIRECTORS	IN 10	\dashv
TITLÉ	ID	☐ Delete	TITLE	D	1551110110701151110	20 10 011102	☐ Chang	7.7.7	୍ ର
NAME	LOY, RANDALL DR.	Delete	NAME	WAT.	SH, BRIAN		Onting	,	CR2E037 (10/02)
STREET ADDRESS	3093 TIMPANA PT		STREET ADDRES		NEW GATE	LOOP			15
CITY-ST-ZIP	LONGWOOD FL 32779-3108		CITY-ST-ZIP	1	E MARY FL				(8
TITLE	D	□ Delete	TITLE	D	L PART IL .	32740	☐ Chang	XX Addition	山野
TITLE NAME	LOY, JULIE	□ Delete	NAME	1 -	CII DIANNA			K KAOOIIOI	5
STREET ADDRESS	3093 TIMPANA PT		STREET ADDRES		SH, DIANNA				
CITY-ST-ZIP	LONGWOOD FL 32779-3108		CITY-ST-ZIP	1 209	NEW GATE				1
	D			LAK	E MARY FL	32/46	Chana	e	1
TITLE NAME	KOLDENHOVEN, KEN	☐ Delete	TITLE NAME				☐ Chang	e LI Addition	·
	104 SPRING LAKE LN		STREET ADDRES						
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-6	507	CITY-ST-ZIP	°					
	D								\dashv
TITLE NAME	KOLDENHOVEN, LINDA	☐ Delete	TITLE NAME				Change	e 🔲 Addition	
STREET ADDRESS	104 SPRING LAKE LN		STREET ADDRES	<u> </u>					
CITY-ST-ZIP	104 SPRING DARE LIN ALTAMONTE SPRINGS FL 32714-6	507	CITY-ST-ZIP	Ĭ					
	D								-
TITLE	1-	☐ Delete	TITLE				☐ Change	Addition	
NAME PERCET ADDRESS	HUNTER, JOEL DR.		NAME	ا					
STREET ADDRESS CITY-ST-ZIP	203 SAVANNAH PK LOOP		STREET ADDRESS CITY-ST-ZIP	٥					
GIT-31-4P	CASSELBERRY FL 32707		-	<u> </u>					4
TITLE	D	☐ Delete	TITLE	1			☐ Change	e 🔲 Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HUNTER, BECKY

203 SAVANNAH PK LOOP

CASSELBERRY FL 32707

Black Thisted E Belly Hunter

4/29/03

407-830-7146