2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # NO1407** Mar 29, 2000 8:00 am 1. Entity Name Secretary of State CITY CHURCH, INC. 03-29-2000 90057 004 ****61.25 Principal Place of Business Mailing Address 1335 NORTH SHORE DIRVE 1335 NORTH SHORE DIRVE LEESBURG FL 34748 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2394807 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TAYLOR, L.E. 1029 WEST MAGNOLIA ST. LEESBURG FL 34748 Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME BRINKLEY, CHRIS L. NAME 1361 PETERS BRIVE 14748 STREET ADDRESS STREET ADDRESS 1310 MAY COURT CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 TITLE ☐ Delete TITLE NAME NAME HARROD, DUDLEY atib virginia drive LEESBURG, FL 34748 STREET ADDRESS STREET ADDRESS 1335 NORTH SHORE DR CITY-ST-ZIP CITY-ST-ZIE LEESBURG FL 34748 Addition ☐ Delete TITLE TITLE SD NAME SIWEK, STANLEY NAME 4305 EMMAUS ROAD FRUTTLAND PARK, FL STREET ADDRESS STREET ADDRESS 4605 EMMAUS RD CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Delete TITLE BARINKLEY, JAMES L NAME STREET ADDRESS STREET ADDRESS 1177 BENTLEY RD. #3 CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not or indicated on this report or supplemental eport is true and accurate a alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

h all other like address, wi changed, or on an attachment with an empowered 3-22.00 (350) 787-6833 STUT SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or tru

ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feed to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if