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

DOCUMENT # N02000004995 1. Entity Name

Water's Edge Church, Incorporated



FILED

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SECRETARY OF STATE FALLAHASSEE. FLORIDA

	e e e e e e e e e e e e e e e e e e e	OT WRITE			PAC	E							
Principal Place of Business 14201 Bruce B. Downs Blvd.			3. Mailing Address PO Box 47869										
Suite, Apt. #, etc. Suite 3			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
City & State			_ City & State					4. FEI Number 27-0020893 Applied For					
Tampa, Florida Zip Country		1 am	pa, Florida	Country,							Not Applicable	}	
33613	-	United States	3364		Unite	States		5. Certificate of St		٠٠ Fd	8.75 Adee Requir	red	
			ang s			Name T.		. Name and Addre	ss of Current F	Registered A	gent		1
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IN THIS SP			ent bit at the					icaya Drive					
						City Tan	<u>`</u>			FL	Zip Co		
	named entitions of regist	y submits this statement for	the purpo	se of changing its	registere			d agent, or both, in	the state of Flor	ida. I am fan			1
the obligat	IOIIS OI 169ISI	P P											
SIGNATURE .	(/2	ay Dane	Tracy L. Bannister, M							8-27-03	_		
te o o	Signature, typed	of printed name of registered agent	nd title if appl	Icable. (NOT	E: Registered	Agent signature	required v	when reinstating)		DATE		****	1
		IS \$61.25 Amended UBR		9. Election Car Trust Fund (: נ	\$5.00 May Be Added to Fees		e Check a Departn			
10.		OFFICERS AND DIF	ECTORS		a de la de	NO METERS	astai	2642396.23V	Comment of the Commen	364.365	T & Ata		1_
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	ertify that th	e information supplied with	this filing	does not qualify fo			in Sec	tion 119.07(3)(i). Fi	orida Statutes. I	further certif	v that the	information	1

indicated on this report or supplied with this filling obes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy L. Bannister

8-27-03

Date

813-971-1510

Daytime Phone #